

CITY OF NEW ORLEANS

FINANCIAL DISCLOSURE FORM (2007)

Reference: Ordinance Number 8967 M.C.S.
City Code: Chapter 2, Section 2-691 to 2-692
(See the Ordinance for definitions and for who should file)

SECTION 2-692 CONTENTS OF FINANCIAL STATEMENT

A. (1) The financial statement required by this Section shall be filed on a form prescribed by the Clerk of the Council of the City of New Orleans and shall include the following information for the preceding calendar year:

(a.) The full name and residence address of the individual who is required to file:

Your Name and Title: JAMES CARTER, Councilman
Name of Office Held: District C, Councilman
Home Address: 600 Belleville St., NOLA 70114

(b.) The full name of the individual's spouse, if any, and the spouse's occupation and principal business address:

Spouse's Name: RENE CARTER
Occupation/Employer: Principal, ALGIERS CHARTER ASS.
Principal Business Address: 715 Opelousas NOLA 70114

* * *

Note: For the following when an amount is required to be disclosed, it shall be sufficient to report the amount by category of value. The categories shall be (a) Category I, less than five thousand dollars; (b) Category II, \$5,000-\$24,999; (c) Category III, \$25,000-\$49,999; (d) Category IV, \$50,000-\$99,999; (e) Category V, \$100,000-\$199,999; (f) Category VI, \$200,000 or more. Amounts required to be disclosed shall be valued at actual or fair market value, whichever is greater.

* * *

(c.) The name, address and nature of association with and the amount of interest in each business in which the individual or spouse is a director, officer, owner, partner, member, or trustee, or in which the individual or spouse, either individually or collectively, holds an interest worth in excess of ten percent:

Use additional pages if necessary.

Table with 3 columns: BUSINESS NAME & ADDRESS, NATURE OF ASSOCIATION, AMOUNT OF INTEREST. Row 1: JAMES CARTER & ASSOCIATES, LLC, Member/Manager, 100%.

"Business" means any corporation, partnership, sole proprietorship, firm, enterprise, franchise, association, business, organization, self-employed individual, holding company, trust, or any other legal entity or person.

(d.) The name, address, type and amount of each source of income**, in excess of one thousand dollars, received by the individual or spouse, and the nature of the services rendered therefore, if any. For income derived from mental health, medical health, or legal services rendered, the individual need only show the amount of the income and not the identity of any individual patient or client; use additional pages if necessary.

1. YOURSELF:

Salary: CAT. III
 Paid: CITY OF NEW ORLEANS 1300 Perdido St
NOLA 70112
 By: " "
 For: COUNCIL MEMBER SALARY

BONUS AND COMMISSIONS _____:
 Paid By: _____
 For: _____

RENTS AND ROYALTIES: CAT. II
 Paid By: 1013/15 LOUISA ST., NOLA 70117
 For: RENT

OTHER INCOME: CAT. IV
 Description: LAW FIRM.

** "Income" means any income from whatever source derived, including but not limited to the following items: compensation for services, including fees, salaries, commission, and similar items, income derived from business, gains derived from dealings in property; interest, rents; royalties; dividends; annuities; income from life insurance and endowment contracts; pensions; income from discharge of indebtedness; distributive share of partnership income; and income from interest in an estate in an estate or trust.

Paid By: JAMES CARTER & ASSOCIATES

For: Legal SERVICES

2. SPOUSE:

Salary: CAT. IV

Paid By: ALGERS CHARTER ASS. 4480 Gen. Degaulle Dr., Suite 200 NOLA 7013

For: Principal of MARTIN BEHMAN Elementary

BONUS AND COMMISSIONS: _____

Paid By: _____

For: _____

RENTS AND ROYALTIES: _____

Paid By: _____

For: _____

OTHER INCOME: CAT I

Description: REHABILITATIVE SERVICES FOR Disabled Adults

Paid By: DREAM CATCHERS 3520 Gen. Degaulle Dr., Suite 3040, NOLA 70114

For: BOARD MEMBER SERVICES

- (e) A brief description, location and address of each parcel of real property, the fair market value of which exceeds two thousand dollars, in which the individual or spouse, either individually or collectively, has an interest; use additional pages if necessary.

DESCRIPTION	LOCATION	ADDRESS
<u>Duplex</u>	<u>ORLEANS Parish</u>	<u>1615 1/2 LOUISA ST NOLA 70117</u>
<u>" "</u>	<u>" "</u>	<u>2421/19 DOMAINE ST NOLA 70119</u>
<u>" "</u>	<u>" "</u>	<u>1214 N. JOHNSON ST NOLA 70116</u>
_____	_____	_____
_____	_____	_____

- (f) A brief description, amount, and date of any purchase, sale, exchange, donation, gift, or other acquisition or disposition, in excess of one thousand dollars, of any real property, and of any stocks, bonds, commodities futures, or other forms of securities, including but not limited to, any option to acquire and/or dispose of any stocks, bonds, commodities futures, other forms of securities, negotiable instruments, movable or immovable property, or any other interest.

DESCRIPTION	DATE	AMOUNT

(g) The name, address, and amount of liability owed to any creditor by the individual or spouse which exceeds ten thousand dollars, excluding any loan secured by a personal motor vehicle, household furniture, or appliances, if such loans do not exceed the purchase of the item which secures it.

NAME	ADDRESS	AMOUNT
Countrywide	P.O. Box 650870 Dallas TX 75265	CAT III
Citi mortgage	P.O. Box 8003 S. Hackensack NJ	CAT III
Direct Loans	P.O. Box 530268 Atlanta GA 30353	CAT IV
AES Graduate Services	Harrisburg PA 17130-0001	CAT II
Card Member Services	P.O. Box 94014 Palatine IL 60094	CAT II
Toyota Financial Services	P.O. Box 650686 Dallas TX 75265	CAT II

CITY OF NEW ORLEANS
FINANCIAL DISCLOSURE FORM

AFFIDAVIT

STATE OF LOUISIANA

PARISH OF ORLEANS

BEFORE ME, N. Sundiata Haley, the undersigned authority, duly commissioned and qualified in the aforementioned Parish and State, therein residing, personally came and appeared:

JAMES CARTER

who is to me known to be the person represented, and who, after being duly sworn, acknowledged to me that the information contained within the Financial Disclosure Form, attached hereto, has been prepared by him/her, and is true and correct to the best of his/her knowledge, information and belief.

Sworn to and Subscribed before me,

this 30 day of June, 2008.

N. S. Haley
NOTARY PUBLIC

N. SUNDIATA HALEY
NOTARY PUBLIC
BAR NUMBER 26317
STATE OF LOUISIANA
My Commission is issued for Life.

ADDITIONAL INFORMATION, SECTION (d), 2007 FINANCIAL DISCLOSURE

CATEGORY III

Couhig Partners, LLC

1100 Poydras St., Suite 1150

New Orleans, LA 70163

LEGAL SERVICES