

CITY OF NEW ORLEANS

FINANCIAL DISCLOSURE FORM

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: Annice D. Fielkow, Councilman-at-Large

Name of Office Held: Councilman-at-Large

Home Address: 2220 Palmer Avenue New Orleans, LA 70118
(City) (State) (Zip Code)

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

Spouse's Name: Dr. Susan Fielkow

Occupation/Employer: Podiatrist / Podiatry Clinic

Principal Business Address: Jefferson LA 70121
(City) (State) (Zip Code)

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.

BUSINESS NAME & ADDRESS	NATURE OF ASSOCIATION	AMOUNT OF INTEREST
<u>None</u>		

* "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: City of New Orleans - Category III

Paid By: ~~XXXXXXXXXX~~

For: ~~XXXXXX~~ Employment Services

BONUS AND COMMISSIONS: _____

Paid By: _____

For: _____

RENTS AND ROYALTIES: _____

Paid By: _____

For: _____

OTHER INCOME: ~~XXXXXX~~ Category VI

Description: _____

Paid By: New Orleans Saints

For: Hourly of prior contract (ended in 2006)

2. **SPOUSE:**

Salary: Category V

Paid By: Ochsner Clinic

For: Employment Services

** "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 or trust.

BONUS AND COMMISSIONS: _____

Paid By: _____

For: _____

RENTS AND ROYALTIES: _____

Paid By: _____

For: _____

OTHER INCOME: _____

Description: _____

Paid By: _____

For: _____

- (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
<i>Home Residence - Category VI</i>	<i>New Orleans, LA 70118</i>	<i>2220 Palm Ave.</i>
<i>Residential Property - Category VI</i>	<i>Tucson, AZ 85739</i>	<i>38350 S. Desert Highland Dr.</i>

- (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	LOCATION	ADDRESS
<i>Home Condominium</i>	<i>Orange Beach, Alabama</i>	<i>"The Wharf"</i>
<i>(Contract to purchase pending - closing expected in summer 2007)</i>		

- (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
W.P.A.M. Hom Eq Services	P.O. Box 13718 Sacramento, CA 95833	Approx \$250,000
Capital One	One Corporate Dr. Ste 360 Lake Zurich, IL 60047	Approx \$263,000

CITY OF NEW ORLEANS
FINANCIAL DISCLOSURE FORM

AFFIDAVIT

STATE OF LOUISIANA

PARISH OF ORLEANS

BEFORE ME, Ronald J. Purcell, the undersigned authority, duly commissioned and qualified in the aforementioned Parish and State, therein residing, personally came and appeared:

Arnie O. Fillion

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.

Arnie O. Fillion

Sworn to and Subscribed before me,

this 18th day of July, 2007

Ronald J. Purcell
NOTARY PUBLIC
RONALD J. PURCELL
LA BAR # 10907