

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: Cynthia Willard-Lewis Councilmember

Name of Office Held: N.O. City Council District E

Home Address: 10911 Willowbrae Dr. 70127
(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: N/A

Occupation/Employer:

Principal Business Address:
(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.

Table with 3 columns: BUSINESS NAME & ADDRESS, NATURE OF ASSOCIATION, AMOUNT OF INTEREST. Row 1 contains handwritten 'N/A' in the first column.

* "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: N.O. City Council member: Category C

Paid By: City of N.O.

For: Council member - District E position

BONUS AND COMMISSIONS N/A:

Paid BY: _____

For: _____

RENTS AND ROYALTIES: N/A

Paid By: _____

For: _____

OTHER INCOME: N/A

Description: _____

Paid By: _____

For: _____

** "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.

(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
N/A		

**CITY OF NEW ORLEANS
FINANCIAL DISCLOSURE FORM**

AFFIDAVIT

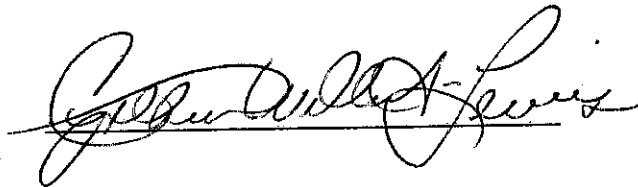
STATE OF LOUISIANA

PARISH OF ORLEANS

BEFORE ME, WALTER I. WILSON the undersigned authority, duly commissioned and qualified in the aforementioned Parish and State, therein residing, personally came and appeared:

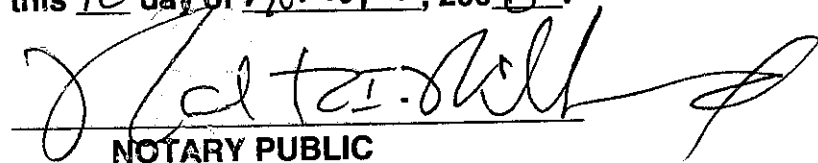
Cynthia Willard-Lewis

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 10 day of November, 2008.


NOTARY PUBLIC