

**DISTRICT OF COLUMBIA COMMISSION ON
JUDICIAL DISABILITIES AND TENURE**

ANNUAL FINANCIAL REPORT FOR CALENDAR YEAR

Report Required By D.C. Code §11-1530, As Amended

1. Name	2. Court	3. Date of Report
4. Title (Indicate Associate or Senior Judge)	5. Reporting Period	
6. Chambers or Office Address		

IMPORTANT NOTES: This report is to be filed on or before **September 14, 2020**, at the office of the Commission. Complete all parts, checking the NONE box for each part where you have no reportable information. Sign on last page. Pursuant to D.C. Code § 11-1530, as amended, reports filed shall, upon written request, and notice to the reporting judge for purposes of making an application to the Commission for a redaction, be made available for public inspection and copying within a reasonable time after filing and during the period they are kept by the Commission. If more space is needed for a response, please use item (12) or additional paper and reference your answer to the related question.

(1) a) JUDICIAL INCOME

State your total income received as a judge for judicial services performed for the period for which you are reporting.

\$ _____

b) State the income your spouse received, if any, for judicial services performed during the period for which you are reporting.

\$ _____

NONE (No judicial income received by spouse.)

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c) NON-INVESTMENT INCOME

State the source, type, and amount of all other income which exceeds \$200 from every other non-investment source (other than income from the United States Government and income referred to in section (2), during such period.

NONE (No non-investment income.)

<u>Detail The Service Performed Or The Source Of The Non-Investment Income</u>	<u>Amount Received</u>
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____
7. _____	_____
8. _____	_____

d) State the source (law firm, non-profit, self- employed, etc.; specific name not required) and type (salary, pension, stipend, etc.) of income your spouse received which exceeds \$1,000 from each non-investment source (other than income from the United States Government) and income referred to in section (2), during such period.

NONE (No non-investment income for spouse.)

<u>Detail The Service Performed Or The Source Of The Non-Investment Income</u>	<u>Type Of Income</u>
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____
7. _____	_____
8. _____	_____

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(2) INVESTMENTS

List the source and type of income which consists of dividends, rents, interest, and capital gains received by you and your spouse during such period which exceeds \$200 in amount or value, and an indication of which of the categories the amount or value of such item of income is within. See value codes below. (Interest in real property to be reported under (6), page 6.)

NONE (No reportable income, assets, or transactions.)

	<u>Source Of Income</u>	<u>Type Of Income</u>	<u>Amount Received Or Value Code</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____
7.	_____	_____	_____
8.	_____	_____	_____
9.	_____	_____	_____
10.	_____	_____	_____
11.	_____	_____	_____
12.	_____	_____	_____
13.	_____	_____	_____
14.	_____	_____	_____
15.	_____	_____	_____

Value Codes:

- (i) not more than \$1,000
- (ii) greater than \$1,000 but not more than \$2,500
- (iii) greater than \$2,500 but not more than \$5,000
- (iv) greater than \$5,000 but not more than \$15,000
- (v) greater than \$15,000 but not more than \$50,000
- (vi) greater than \$50,000 but not more than \$100,000
- (vii) greater than \$100,000 but not more than \$1,000,000
- (viii) greater than \$1,000,000 but not more than \$5,000,000
- (ix) greater than \$5,000,000

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(3) LIABILITIES

List and describe separately each liability of \$10,000 or more owed by you or by you and your spouse jointly at any time during the period for which you are reporting. See value codes below.

NONE (No reportable liabilities.)

<u>Liability</u>	<u>To Whom Owed</u>	<u>Amount Owed Or Value Code</u>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____
11. _____	_____	_____
12. _____	_____	_____
13. _____	_____	_____
14. _____	_____	_____
15. _____	_____	_____

Value Codes:

- (1) not more than \$15,000
- (2) greater than \$15,000 but not more than \$50,000
- (3) greater than \$50,000 but not more than \$100,000
- (4) greater than \$100,000 but not more than \$250,000
- (5) greater than \$250,000 but not more than \$500,000
- (6) greater than \$500,000 but not more than \$1,000,000
- (7) greater than \$1,000,000 but not more than \$5,000,000
- (8) greater than \$5,000,000 but not more than \$25,000,000
- (9) greater than \$25,000,000 but not more than \$50,000,000 and
- (10) greater than \$50,000,000

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(4) GIFTS

List and describe separately all gifts received by you during the period for which you are reporting which had an aggregate value of \$250 or more from any single source during such period. (Gifts from your spouse or any of your children or parents are excluded.)

NONE (No such reportable gifts.)

<u>Description of Gift</u>	<u>Source</u>	<u>Estimated Value</u>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____

(5) BENEFICIAL INTEREST IN ANY TRUST

List and identify separately each trust in which you held a beneficial interest having a value of \$10,000 or more at any time during such period, and in the case of any trust in which you held any beneficial interest during such period, the identity, if known, of each interest in real or personal property in which the trust held a beneficial interest having a value of \$10,000 or more at any time during such period. If you cannot obtain the identity of the trust interest, then request the trustee to report that information to the Commission.

NONE (No such reportable interest in any trust.)

<u>Identify Each Trust</u>	<u>Your Specific Interest</u>
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____
7. _____	_____
8. _____	_____

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(6) INTEREST IN REAL AND OR PERSONAL PROPERTY

List the nature of the property (address not required, but **general location of property is required**) and category having a value of \$10,000 or more which you owned at any time during such period. See value codes below.

NONE (No such reportable interest in real property.)

<u>Identity Of Property</u>	<u>Value Or Value Code</u>
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____
7. _____	_____
8. _____	_____
9. _____	_____
10. _____	_____
11. _____	_____
12. _____	_____
13. _____	_____
14. _____	_____
15. _____	_____

Value Codes:

- (1) not more \$15,000
- (2) greater than \$15,000 but not more than \$50,000
- (3) greater than \$50,000 but not more than \$100,000
- (4) greater than \$100,000 but not more than \$250,000
- (5) greater than \$250,000 but not more than \$500,000
- (6) greater than \$500,000 but not more than \$1,000,000
- (7) greater than \$1,000,000 but not more than \$5,000,000
- (8) greater than \$5,000,000 but not more than \$25,000,000
- (9) greater than \$25,000,000 but not more than \$50,000,000 and
- (10) greater than \$50,000,000

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(7) EXPENSE REIMBURSEMENTS

List and describe separately the source and amount of all money (other than that received from the United States Government) received in the form of an expense account or as reimbursement for expenditures from any source aggregating more than \$250 during such period.

NONE (No such reportable reimbursements.)

<u>Source</u>	<u>Purpose</u>	<u>Item(s) Provided Or Paid For</u>	<u>Amount</u>
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____
6. _____	_____	_____	_____
7. _____	_____	_____	_____
8. _____	_____	_____	_____

(8) WAIVERS AND PARTIAL WAIVERS

List and describe separately the source and amount of all waivers or partial waivers of fees, expenses or charges accepted by you or on behalf of your spouse, domestic partner, or guest during such period. See Code of Judicial Conduct Rule 3.14(C).

NONE (No such reportable waivers or partial waivers.)

<u>Source</u>	<u>Purpose</u>	<u>Item(s) Provided Or Paid For</u>	<u>Amount</u>
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____
6. _____	_____	_____	_____
7. _____	_____	_____	_____
8. _____	_____	_____	_____

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(9) BUSINESS AND CHARITABLE AFFILIATIONS

List the name and **address** of each private foundation, eleemosynary institution and each business or professional corporation, firm, or enterprise in which you were an officer, director, proprietor, or partner during such period.

NONE (No such reportable business and charitable affiliations.)

List And Explain Each Enterprise*

Position Held

1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____
7. _____	_____
8. _____	_____

***Name and address are required.**

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(10) HONORARIA

List the amount or value and source of each honorarium of \$250 or more received by you and your spouse during such period.

NONE (No such reportable honoraria.)

<u>Source</u>	<u>Amount Or Value</u>
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____
7. _____	_____
8. _____	_____

(11) CERTIFICATION

I certify that I have read §11-1530 of the District of Columbia Court Reform and Criminal Procedure Act of 1970, as amended, and the Code of Judicial Conduct for the District of Columbia Courts, and that the above statement is accurate, true, and complete to the best of my knowledge and belief.

NOTE: The intentional failure by a Judge of a District of Columbia Court to file a report required by this section, or the filing of a fraudulent report, shall constitute willful misconduct in office and shall be grounds for removal from office under §11-1526(a)(2).

Signature: _____ Date: _____

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(12) ADDITIONAL INFORMATION OR EXPLANATION (Indicate part of report.)

Filing Instructions

Submit signed original to:

**District of Columbia Commission
on Judicial Disabilities and Tenure
Building A, Room 246
515 Fifth Street, N.W.
Washington, D.C. 20001**