

FINANCIAL DISCLOSURE REPORT FOR CALENDAR YEAR 2014

Report Required by the Ethics
in Government Act of 1978
(5 U.S.C. app. §§ 101-111)

1. Person Reporting (last name, first, middle initial) Moon, Norman K.	2. Court or Organization Western District of Virginia	3. Date of Report 05/06/2015
4. Title (Article III judges indicate active or senior status; magistrate judges indicate full- or part-time) U. S. District Judge (senior status)	5a. Report Type (check appropriate type) ☐ Nomination ☐ Date ☐ Initial ☒ Annual ☐ Final 5b. ☐ Amended Report	6. Reporting Period 01/01/2014 to 12/31/2014
7. Chambers or Office Address P. O. Box 657 Lynchburg, VA 24505		
IMPORTANT NOTES: The instructions accompanying this form must be followed. Complete all parts, checking the NONE box for each part where you have no reportable information.		

I. POSITIONS. (Reporting individual only; see pp. 9-13 of filing instructions.)

☐ NONE (No reportable positions.)

<u>POSITION</u>	<u>NAME OF ORGANIZATION/ENTITY</u>
1. Qualified Administrator	Estate of [REDACTED]
2.	
3.	
4.	
5.	

II. AGREEMENTS. (Reporting individual only; see pp. 14-16 of filing instructions.)

☐ NONE (No reportable agreements.)

<u>DATE</u>	<u>PARTIES AND TERMS</u>
1. 2014	Virginia Supplemental Retirement System (no control)
2.	
3.	

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III. NON-INVESTMENT INCOME. *(Reporting individual and spouse; see pp. 17-24 of filing instructions.)***A. Filer's Non-Investment Income**☐ NONE *(No reportable non-investment income.)*

<u>DATE</u>	<u>SOURCE AND TYPE</u>	<u>INCOME</u> (yours, not spouse's)
1. 2014	Virginia Supplemental Retirement System	\$121,658.00
2.		
3.		
4.		

B. Spouse's Non-Investment Income - *If you were married during any portion of the reporting year, complete this section.**(Dollar amount not required except for honoraria.)*☒ NONE *(No reportable non-investment income.)*

<u>DATE</u>	<u>SOURCE AND TYPE</u>
1.	
2.	
3.	
4.	

IV. REIMBURSEMENTS *-- transportation, lodging, food, entertainment.**(Includes those to spouse and dependent children; see pp. 25-27 of filing instructions.)*☒ NONE *(No reportable reimbursements.)*

<u>SOURCE</u>	<u>DATES</u>	<u>LOCATION</u>	<u>PURPOSE</u>	<u>ITEMS PAID OR PROVIDED</u>
1.				
2.				
3.				
4.				
5.				

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V. GIFTS. *(Includes those to spouse and dependent children; see pp. 28-31 of filing instructions.)*NONE *(No reportable gifts.)*SOURCEDESCRIPTIONVALUE

1.

2.

3.

4.

5.

VI. LIABILITIES. *(Includes those of spouse and dependent children; see pp. 32-33 of filing instructions.)*NONE *(No reportable liabilities.)*CREDITORDESCRIPTIONVALUE CODE

1.

2.

3.

4.

5.

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VII. INVESTMENTS and TRUSTS – income, value, transactions (Includes those of spouse and dependent children; see pp. 34-60 of filing instructions.)

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

A. Description of Assets (including trust assets) Place "(X)" after each asset exempt from prior disclosure	B. Income during reporting period		C. Gross value at end of reporting period		D. Transactions during reporting period				
	(1) Amount Code 1 (A-H)	(2) Type (e.g., div., rent, or int.)	(1) Value Code 2 (J-P)	(2) Value Method Code 3 (Q-W)	(1) Type (e.g., buy, sell, redemption)	(2) Date mm/dd/yy	(3) Value Code 2 (J-P)	(4) Gain Code 1 (A-H)	(5) Identity of buyer/seller (if private transaction)
1. Lynchburg, VA, Lot		None	L	W					
2. SunTrust Bank (Accounts), Lynchburg, VA	A	Interest	K	T					
3. Wells Fargo (Accounts) Lynchburg, VA	A	Interest			Distributed	11/25/14	L		See note in Part VIII
4. BB&T (Accounts) Lynchburg, VA	B	Interest			Distributed	11/25/14	M		See note in Part VIII
5. Bank of America (Accounts)	A	Interest	L	T					
6. BB&T Common Stock	C	Dividend	L	T					
7. Exxon Mobil Common Stock	B	Dividend	K	T					
8. Bristol Myers Squibb Common Stock	A	Dividend	K	T					
9. Amherst County, VA property Parcel #1		None			Distributed	11/16/14	K		See note in Part VIII
10. Amherst County, VA property Parcel #2		None			Distributed	11/16/14	J		See note in Part VIII
11. Abbott Laboratories Common Stock	A	Dividend	J	T					
12. Cisco Systems Common Stock	A	Dividend	K	T					
13. Coca Cola Common Stock	A	Dividend	J	T					
14. AT&T Common Stock	A	Dividend	J	T					
15. Disney Common Stock	A	Dividend	J	T					
16. State Farm Life Insurance Policies	A	Dividend	K	T					
17. Minnesota Mutual Life Insurance Policy	A	Dividend	J	T					

1. Income Gain Codes:	A = \$1,000 or less	B = \$1,001 - \$2,500	C = \$2,501 - \$5,000	D = \$5,001 - \$15,000	E = \$15,001 - \$50,000
(See Columns B1 and D4)	F = \$50,001 - \$100,000	G = \$100,001 - \$1,000,000	H1 = \$1,000,001 - \$5,000,000	H2 = More than \$5,000,000	
2. Value Codes	J = \$15,000 or less	K = \$15,001 - \$50,000	L = \$50,001 - \$100,000	M = \$100,001 - \$250,000	
(See Columns C1 and D3)	N = \$250,001 - \$500,000	O = \$500,001 - \$1,000,000	P1 = \$1,000,001 - \$5,000,000	P2 = \$5,000,001 - \$25,000,000	
	P3 = \$25,000,001 - \$50,000,000		P4 = More than \$50,000,000		
3. Value Method Codes	Q = Appraisal	R = Cost (Real Estate Only)	S = Assessment	T = Cash Market	
(See Column C2)	U = Book Value	V = Other	W = Estimated		

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VII. INVESTMENTS and TRUSTS -- income, value, transactions (Includes those of spouse and dependent children; see pp. 34-60 of filing instructions.)

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

A. Description of Assets (including trust assets) Place "(X)" after each asset exempt from prior disclosure	B. Income during reporting period		C. Gross value at end of reporting period		D. Transactions during reporting period				
	(1) Amount Code 1 (A-H)	(2) Type (e.g., div., rent, or int.)	(1) Value Code 2 (J-P)	(2) Value Method Code 3 (Q-W)	(1) Type (e.g., buy, sell, redemption)	(2) Date mm/dd/yy	(3) Value Code 2 (J-P)	(4) Gain Code 1 (A-H)	(5) Identity of buyer/seller (if private transaction)

18. First Colony Life Insurance Policy	A	Dividend	J	T					
19. Equitable Life Insurance Policy	A	Interest			Distributed	11/16/14	K		See note in Part VIII
20. Metropolitan Life Insurance Policy	A	Dividend	J	T					
21. Life of Virginia Policy	A	Dividend			Distributed	11/16/14	M		See note in Part VIII
22. USAA Money Market Fund	A	Interest	K	T					
23. Bank of the James (James River Bank) (Accounts)	A	Interest	M	T					
24.									
25.									
26.									
27.									
28.									
29.									
30.									

1. Income Gain Codes: (See Columns B1 and D4)	A = \$1,000 or less F = \$50,001 - \$100,000	B = \$1,001 - \$2,500 G = \$100,001 - \$1,000,000	C = \$2,501 - \$5,000 H1 = \$1,000,001 - \$5,000,000	D = \$5,001 - \$15,000 H2 = More than \$5,000,000	E = \$15,001 - \$50,000
2. Value Codes (See Columns C1 and D3)	J = \$15,000 or less N = \$250,001 - \$500,000 P3 = \$25,000,001 - \$50,000,000	K = \$15,001 - \$50,000 O = \$500,001 - \$1,000,000	L = \$50,001 - \$100,000 P1 = \$1,000,001 - \$5,000,000 P4 = More than \$50,000,000	M = \$100,001 - \$250,000 P2 = \$5,000,001 - \$25,000,000	
3. Value Method Codes (See Column C2)	Q = Appraisal U = Book Value	R = Cost (Real Estate Only) V = Other	S = Assessment W = Estimated	T = Cash Market	

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VIII. ADDITIONAL INFORMATION OR EXPLANATIONS. *(Indicate part of report.)*

- 1) Part VII, page 4, line [REDACTED] died intestate on November 16, 2014. I am the qualified administrator of her estate. I renounced all interest in her estate, and all assets in this account passed directly to [REDACTED]
- 2) Part VII, page 4, line 4: [REDACTED] died intestate on November 16, 2014. I am the qualified administrator of her estate. I renounced all interest in her estate, and all assets in this account passed directly to [REDACTED]
- 3) Part VII, page 4, line 9: [REDACTED], died intestate on November 16, 2014. I am the qualified administrator of her estate. I renounced all interest in her estate, and this property passed directly to [REDACTED]
- 4) Part VII, page 4, line 10: [REDACTED], died intestate on November 16, 2014. I am the qualified administrator of her estate. I renounced all interest in her estate, and this property passed directly to [REDACTED], [REDACTED]
- 5) Part VII, page 5, line 19: [REDACTED] died intestate on November 16, 2014. I am the qualified administrator of her estate. The benefits of this policy were paid directly to [REDACTED]. (the named beneficiary).
- 6) Part VII, page 5, line 21: [REDACTED] died intestate on November 16, 2014. I am the qualified administrator of her estate. The benefits of this policy were paid directly to [REDACTED] (the named beneficiary).

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IX. CERTIFICATION.

I certify that all information given above (including information pertaining to my spouse and minor or dependent children, if any) is accurate, true, and complete to the best of my knowledge and belief, and that any information not reported was withheld because it met applicable statutory provisions permitting non-disclosure.

I further certify that earned income from outside employment and honoraria and the acceptance of gifts which have been reported are in compliance with the provisions of 5 U.S.C. app. § 501 et. seq., 5 U.S.C. § 7353, and Judicial Conference regulations.

Signature: s/ **Norman K. Moon**

NOTE: ANY INDIVIDUAL WHO KNOWINGLY AND WILLFULLY FALSIFIES OR FAILS TO FILE THIS REPORT MAY BE SUBJECT TO CIVIL AND CRIMINAL SANCTIONS (5 U.S.C. app. § 104)

Committee on Financial Disclosure
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