

# FINANCIAL DISCLOSURE REPORT FOR CALENDAR YEAR 2018

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

|                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                          |                                                                  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------|
| <b>1. Person Reporting</b> (last name, first, middle initial)<br><br>Morris, Cecelia G.                                                                                                                       | <b>2. Court or Organization</b><br><br>Bankruptcy-Southern,N.Y.                                                                                                                                                                                                                          | <b>3. Date of Report</b><br><br>05/06/2019                       |
| <b>4. Title</b> (Article III judges indicate active or senior status;<br>magistrate judges indicate full- or part-time)<br><br>Active-Chief Bankruptcy Judge Full Time                                        | <b>5a. Report Type</b> (check appropriate type)<br><input type="checkbox"/> Nomination <input type="checkbox"/> Date<br><input type="checkbox"/> Initial <input checked="" type="checkbox"/> Annual <input type="checkbox"/> Final<br><b>5b.</b> <input type="checkbox"/> Amended Report | <b>6. Reporting Period</b><br><br>01/01/2018<br>to<br>12/31/2018 |
| <b>7. Chambers or Office Address</b><br><br>355 Main Street<br>Suite J<br>Poughkeepsie, N.Y. 12601                                                                                                            |                                                                                                                                                                                                                                                                                          |                                                                  |
| <p align="center"><b>IMPORTANT NOTES:</b> The instructions accompanying this form must be followed. Complete all parts,<br/>checking the NONE box for each part where you have no reportable information.</p> |                                                                                                                                                                                                                                                                                          |                                                                  |

## 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. | Board Member             | Tina L Brozman Foundation for Ovarian Cancer |
| 2. | Board Member             | ABI Law Review Advisory Board                |
| 3. | Board Member of Visitors | Mid Hudson Regional Hospital                 |
| 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. |             |                          |
| 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.)*

| DATE          | SOURCE AND TYPE                                  | INCOME<br>(yours, not spouse's) |
|---------------|--------------------------------------------------|---------------------------------|
| 1. 02/02/2018 | Bureau of National Affairs Inc-Writing Royalties | \$11,000.00                     |
| 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.)*

| DATE | SOURCE AND TYPE |
|------|-----------------|
| 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.)*

| SOURCE                            | DATES                 | LOCATION                | PURPOSE   | ITEMS PAID OR PROVIDED |
|-----------------------------------|-----------------------|-------------------------|-----------|------------------------|
| 1. American Bankruptcy Institute  | 03/11/2018-03/12/2018 | Brooklyn/Manhattan , NY | Education | Travel Reimbursement   |
| 2. American College of Bankruptcy | 03/15/2018-03/17/2018 | Washington, DC          | Education | Travel Reimbursement   |
| 3. NYS Bar                        | 04/21/2018-04/26/2018 | Seoul. korea            | Education | Travel REimbursement   |
| 4. Bloomberg                      | 10/30/2018-10/31/2018 | Manhattan, NY           | Education | Travel Reimbursement   |
| 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.)*

| SOURCE | DESCRIPTION | VALUE |
|--------|-------------|-------|
| 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.)*

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

|                              |   |          |   |   |  |  |  |  |  |
|------------------------------|---|----------|---|---|--|--|--|--|--|
| 1. USAA Federal SAVings Bank | A | Interest | J | T |  |  |  |  |  |
| 2.                           |   |          |   |   |  |  |  |  |  |
| 3.                           |   |          |   |   |  |  |  |  |  |
| 4.                           |   |          |   |   |  |  |  |  |  |
| 5.                           |   |          |   |   |  |  |  |  |  |
| 6.                           |   |          |   |   |  |  |  |  |  |
| 7.                           |   |          |   |   |  |  |  |  |  |
| 8.                           |   |          |   |   |  |  |  |  |  |
| 9.                           |   |          |   |   |  |  |  |  |  |
| 10.                          |   |          |   |   |  |  |  |  |  |
| 11.                          |   |          |   |   |  |  |  |  |  |
| 12.                          |   |          |   |   |  |  |  |  |  |
| 13.                          |   |          |   |   |  |  |  |  |  |
| 14.                          |   |          |   |   |  |  |  |  |  |
| 15.                          |   |          |   |   |  |  |  |  |  |
| 16.                          |   |          |   |   |  |  |  |  |  |
| 17.                          |   |          |   |   |  |  |  |  |  |

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

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| Morris, Cecelia G.       | 05/06/2019     |

## 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/ Cecelia G. Morris**

**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  
Administrative Office of the United States Courts  
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Washington, D.C. 20544