

AO 10
Rev. 1/2010

**FINANCIAL DISCLOSURE REPORT
FOR CALENDAR YEAR 2009**

*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) Lourie, Alan D.	2. Court or Organization U.S. Ct of Appeals-Fed Circuit	3. Date of Report 03/22/2010
4. Title (Article III judges indicate active or senior status; magistrate judges indicate full- or part-time) U.S. Circuit Judge	5a. Report Type (check appropriate type) ☐ Nomination, ☐ Date ☐ Initial ☒ Annual ☐ Final 5b. ☐ Amended Report	6. Reporting Period 01/01/2009 to 12/31/2009
7. Chambers or Office Address Howard T. Markey Nat Cts Bldg 717 Madison Place NW Washington, DC 20439	8. On the basis of the information contained in this Report and any modifications pertaining thereto, it is, in my opinion, in compliance with applicable laws and regulations. Reviewing Officer _____ Date _____	
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. Sign on last page.		

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

☒ NONE (No reportable positions.)

POSITION

NAME OF ORGANIZATION/ENTITY

1.	_____
2.	_____
3.	_____
4.	_____
5.	_____

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

☐ NONE (No reportable agreements.)

DATE

PARTIES AND TERMS

1. 4/6/90	GlaxoSmithKline, successor to former employer, provides pension and retiree group health and life insurance
2.	_____
3.	_____

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Lourie, Alan D.

FINANCIAL DISCLOSURE REPORT
Page 2 of 7

Name of Person Reporting

Lourie, Alan D.

Date of Report

03/10/2010

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. Jan-Dec	GlaxoSmithKline pension	\$88,273.00
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.	Ben Franklin Inn of Court	January 21	Phila, PA	Participate in Meeting	Trainfare and dinner
2.	Intell Property Owners Educ Foundation	April 20	Washington, DC	Attend meeting with foreign judges	Lunch for me and dinner
3.	Boston Patent Law Assoc	May 1	Boston, MA	Attend judges' dinner	Airfare, hotel, and dinner
4.	Intell Property Owners Educ Foundation	May 28	Washington, DC	Attend awards dinner	Dinner
5.	Fed Circuit Historical Society	May 29	Washington, DC	Attend annual dinner	Dinner
6.	Fed Circuit Bar Association	June 18-19	White Sulphur Springs, WV	Attend and speak at bench and bar conference	Hotel, meals, and mileage

FINANCIAL DISCLOSURE REPORT
Page 3 of 7

Name of Person Reporting
Lourie, Alan D.

Date of Report
7/7
03/10/2010

V. GIFTS. *(Includes those to spouse and dependent children; see pp. 28-31 of filing instructions.)*

☒ NONE *(No reportable gifts.)*

<u>SOURCE</u>	<u>DESCRIPTION</u>	<u>VALUE</u>
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.)*

<u>CREDITOR</u>	<u>DESCRIPTION</u>	<u>VALUE CODE</u>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____

FINANCIAL DISCLOSURE REPORT

Page 4 of 7

Name of Person Reporting

Lourie, Alan D.

Date of Report

03/10/2010

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. Vanguard Tax Exempt MM Fund 1	A	Dividend	L	T					
2. Vanguard Tax Exempt MM Fund 2	A	Dividend	K	T					
3. Franklin Templeton Market Growth Fund	C	Dividend	M	T					
4. Vanguard Health Care Fund	D	Dividend	N	T					
5. T Rowe Price Cap Appreciation Fund (IRA)	C	Dividend	M	T					
6. Vanguard Windsor II Fund	B	Dividend	L	T					
7. Vanguard ST Bond Index Fund (IRA)	B	Dividend			Buy (add'l)	3/6/09	J		
8.					Sold	5/11/09	M		see VIII
9. Vanguard ST Inv Gr Bd Fund	C	Dividend	M	T	Buy	5/11/09	M		
10. TIAA-CREF	B	Interest	K	T	rollover	3/02/09	J		see VIII
11. PNC Bank checking account	A	Interest	K	T					
12. US Treasury Notes	C	Interest	L	T					
13. Vanguard 500 Index Fund	D	Dividend	N	T					
14. Vanguard Extended Market Index Fund	C	Dividend	N	T					
15. Vanguard Global Equity Fund	C	Dividend	M	T					
16. Vanguard Internat Explorer Fund	A	Dividend	K	T					
17. Vanguard European Fund	C	Dividend	M	T					

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 \$5,000,000	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	

FINANCIAL DISCLOSURE REPORT

Page 5 of 7

Name of Person Reporting

Lourie, Alan D.

Date of Report

3/27
03/20/2010

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. T Rowe Price Short Term Bond Fund (IRA)	E	Dividend	P1	T					
19. Vanguard ST Tax Exempt Fund 1	D	Dividend	N	T	Sold (part)	3/9/09	L	B	
20. Vanguard ST Tax Exempt Fund 2	D	Dividend	N	T					
21. Vanguard Limited Term TE Fund 1	D	Dividend	N	T					
22. TR Price Internat Disc Fd (IRA)		None			Sold	4/6/09	K		see VIII
23. TR Price High Yield Fd (IRA)	C	Dividend	L	T	Buy	4/6/09	K		
24. TR Price New Horizon Fd (IRA)	A	Dividend	M	T					
25. Vanguard Dividend Growth Fd	C	Dividend	M	T	Buy (add'l)	3/9/09	L		
26. Vanguard Prime Cap Core Fd	B	Dividend	M	T					
27. Vanguard Limited Term TE Fund 2	E	Dividend	O	T					
28. TR Price GNMA Fund	E	Dividend	N	T					
29. Sequoia Fund	A	Dividend	K	T					

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 \$5,000,000	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	

FINANCIAL DISCLOSURE REPORT

Page 6 of 7

Name of Person Reporting

Lourie, Alan D.

Date of Report

2/2
03/00/2010**VIII. ADDITIONAL INFORMATION OR EXPLANATIONS.** *(Indicate part of Report.)*

Items 8, 10, and 22 in Part VII do not provide gains in D4, because they were within an IRA or a rollover so that there was no recognized gain.

FINANCIAL DISCLOSURE REPORT

Page 7 of 7

Name of Person Reporting

Lourie, Alan D.

Date of Report

03/10/2010

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

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)

FILING INSTRUCTIONS

Mail signed original and 3 additional copies to:

Committee on Financial Disclosure
Administrative Office of the United States Courts
Suite 2-301
One Columbus Circle, N.E.
Washington, D.C. 20544