

AO-10

Rev. 1/2004

**FINANCIAL DISCLOSURE REPORT
FOR CALENDAR YEAR 2004**Report Required by the Ethics
in Government Act of 1978
(5 U.S.C. app. §§ 101-111)

1. Person Reporting (Last name, First name, Middle initial) MICHAEL, JAMES H	2. Court or Organization U.S. DISTRICT COURT, WDVA	3. Date of Report 5/6/2005
4. Title (Article III Judges indicate active or senior status; magistrate judges indicate full- or part-time) SENIOR U.S. DISTRICT JUDGE	5. ReportType (check appropriate type) ☐ Nomination, Date ☐ Initial ☒ Annual ☐ Final	6. Reporting Period 1/1/2004 to 12/31/2004
7. Chambers or Office Address ROOM 320 255 WEST MAIN STREET CHARLOTTESVILLE, VA 22902	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.)

<u>POSITION</u>	<u>NAME OF ORGANIZATION/ENTITY</u>
1. Trustee	University of Virginia Medical School Foundation
2. Executor	Estate #1, See VIII Note

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.	

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FINANCIAL DISCLOSURE REPORT

Name of Person Reporting

MICHAEL, JAMES H

Date of Report

5/6/2005

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

GROSS INCOME

(yours, not spouse's)

1.

Virginia Supplemental Retirement System Retired Pay

4,713.29

B. Spouse's Non-Investment Income - (If you were married during any portion of the reporting year, please complete this section. Dollar amount not required except for honoraria.)

☐ NONE - (No reportable non-investment income.)

DATE

SOURCE AND TYPE

1.

IV. REIMBURSEMENTS -- transportation, lodging, food, entertainment.

(Includes those to spouse and dependent children. See pp. 25-27 of instructions.)

☒ NONE - (No such reportable reimbursements.)

SOURCE

DESCRIPTION

1.

FINANCIAL DISCLOSURE REPORT

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V. GIFTS. (Includes those to spouse and dependent children. See pp. 28-31 of instructions.)

☒ **NONE** - (No such reportable gifts.)

SOURCE

DESCRIPTION

VALUE

1.

VI. LIABILITIES. (Includes those of spouse and dependent children. See pp. 32-34 of instructions.)

☒ **NONE** - (No reportable liabilities.)

CREDITOR

DESCRIPTION

VALUE CODE

1.

FINANCIAL DISCLOSURE REPORT

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VIII. ADDITIONAL INFORMATION OR EXPLANATIONS

(Indicate part of Report.)

VII. [REDACTED] died on December 29, 2002. I served as Executor of the Estate, which was closed on December 30, 2004. As explained in the 2003 Report, I was not a beneficiary to her Estate, nor did I receive any compensation as Executor. Prior to the Estate closing, all assets were distributed to the beneficiaries of the Estate. Therefore, assets in the 2003 Report in Section VII on lines 6, 9, 10, 11, 12, 13, 14, and 15 have been removed.

I. Positions. I was the Executor of the Estate until it was closed in December 2004, but as the Estate is closed, this position will no longer be reported on future Reports.

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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. § 501 et. seq., 5 U.S.C. § 7353, and Judicial Conference regulations.

Signature



Date 5-9-2005

NOTE: ANY INDIVIDUAL WHO KNOWINGLY AND WILFULLY 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