

FINANCIAL DISCLOSURE REPORT FOR CALENDAR YEAR 2019

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) Reeves, Pamela L.	2. Court or Organization United States District Court Eastern District of Tennessee	3. Date of Report 05/01/2020
4. Title (Article III judges indicate active or senior status; magistrate judges indicate full- or part-time) United States District Judge	5a. Report Type (check appropriate type) ☐ Nomination ☐ Date ☐ Initial ☒ Annual ☐ Final 5b. ☐ Amended Report	6. Reporting Period 01/01/2019 to 12/31/2019
7. Chambers or Office Address Howard H. Baker, Jr., U.S. Courthouse 800 Market Street, Suite 145 Knoxville, TN 37902 865-545-4255		
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. _____	_____
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. _____	_____
2. _____	_____
3. _____	_____

FINANCIAL DISCLOSURE REPORT

Page 2 of 7

Name of Person Reporting

Reeves, Pamela L.

Date of Report

05/01/2020

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.		
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. 2019	Salary - City of Knoxville
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.	UVA Law School Constitution Society	02/01/2019	Charlottesville, VA	Speaking at Law School	Hotel Room & Mileage
2.	University of Memphis Law School	05/11/2019-05/12/2019	Memphis, TN	Commencement Speaker at Law School Graduation	Mileage
3.					
4.					
5.					

Name of Person Reporting	Date of Report
Reeves, Pamela L.	05/01/2020

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.		

FINANCIAL DISCLOSURE REPORT

Page 4 of 7

Name of Person Reporting

Reeves, Pamela L.

Date of Report

05/01/2020

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)	(2)	(1)	(2)	(1)	(2)	(3)	(4)	(5)
	Amount Code 1 (A-H)	Type (e g , div , rent, or int)	Value Code 2 (J-P)	Value Method Code 3 (Q-W)	Type (e g , buy, sell, redemption)	Date mm/dd/yy	Value Code 2 (J-P)	Gain Code 1 (A-H)	Identity of buyer/seller (if private transaction)
1. Rental Property #1 Salisbury NC		None			Donated				
2. Rental Property #2 Salisbury NC		None			Donated				
3. Schwab Value Advantage MMF	A	Int./Div.	J	T					
4. Accordia Life Insurance (whole life)	C	Int./Div.	L	T					
5. AIG Strategic Bond CI C	A	Int./Div.	K	T					
6. AIG Government Money Market CI A	A	Int./Div.	J	T					
7. AIG Focused Multi-Asset CI A	A	Int./Div.	J	T					
8. AIG Focused Multi-Asset CI C	A	Int./Div.	J	T					
9. AIG Focused Growth CI C	A	Int./Div.	J	T					
10. AIG Focused Growth CI A	A	Int./Div.	J	T					
11. American Funds EuroPac Gr R3	A	Int./Div.	J	T					
12. Baron Asset Fund	A	Int./Div.	L	T					
13. City of Knoxville TN Pension Plan G Option 1	B	Int./Div.	L	T					
14. Deleware Value A	A	Int./Div.	J	T					
15. First Tennessee Bank cash accounts	A	Int./Div.	M	T					
16. Gabelli Asset	A	Int./Div.	L	T					
17. Guardian Modified Benefit whole life insurance policy	A	Int./Div.	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 \$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	

FINANCIAL DISCLOSURE REPORT

Page 5 of 7

Name of Person Reporting

Reeves, Pamela L.

Date of Report

05/01/2020

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)	(2)	(1)	(2)	(1)	(2)	(3)	(4)	(5)
	Amount Code 1 (A-H)	Type (e g , div , rent, or int)	Value Code 2 (J-P)	Value Method Code 3 (Q-W)	Type (e g , buy, sell, redemption)	Date mm/dd/yy	Value Code 2 (J-P)	Gain Code 1 (A-H)	Identity of buyer/seller (if private transaction)
18. Hartford whole life insurance policy	A	Int./Div.	K	T					
19. Irvesco Small Corp Growth Shat(A)	A	Int./Div.	J	T					
20. J.P. Morgan Midcap Growth A	A	Int./Div.	J	T					
21. Lincoln National Universal Whole Life Insurance Policy	A	Int./Div.	J	T					
22. MRS Midcap Growth Class R6	A	Int./Div.	J	T					
23. Pioneer Bond Fund	A	Int./Div.	J	T					
24. Prudential Guaranteed Income Fund	A	Int./Div.	J	T					
25. Prudential Jenn Mid Cap Growth A	A	Int./Div.	J	T					
26. Schwab S&P 500	A	Int./Div.	L	T					
27. Vanguard Energy Fund Investor	A	Int./Div.	J	T					
28. Vanguard Growth Index Ins	A	Int./Div.	J	T					
29. Vanguard Growth and Income Fund	C	Int./Div.	K	T					
30. Vanguard Health Care Fund Admiral Shores	C	Int./Div.	L	T					
31. Vanguard Windsor II Fund Investor	A	Int./Div.	K	T					
32. Vict Integral Small CAP-R-6	A	Int./Div.	J	T					
33. Weitz Value Portfolio Equity Funds	A	Int./Div.	L	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 \$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	

FINANCIAL DISCLOSURE REPORT

Page 6 of 7

Name of Person Reporting

Reeves, Pamela L.

Date of Report

05/01/2020

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

The real property located in Salsbury, N.C. was gifted to [REDACTED] in February, 2019.

FINANCIAL DISCLOSURE REPORT

Page 7 of 7

Name of Person Reporting

Reeves, Pamela L.

Date of Report

05/01/2020

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/ Pamela L. Reeves**

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
Suite 2-301
One Columbus Circle, N.E.
Washington, D.C. 20544