

FD-278
Rev. 12-93**FINANCIAL DISCLOSURE REPORT**Report Required by the United States
Sentencing Act of 1984, Pub. Law
98-596, November 18, 1984
(5 U.S.C.A. App. 6, 8501-312)

1. Person Reporting (Last name, first, middle initial) Coffman, Jennifer B.	2. Court or Organization Eastern District of Kentucky (Nominee)	3. Date of Report 8/10/93
4. Title (Article III judges indicate active or senior status; magistrate judges indicate full- or part-time) Article III Judge (Nominee)	5. Report Type (check appropriate type) X _____ Nomination, Date 8/6/93 _____ Initial _____ Annual _____ Final	6. Reporting Period 1/1/92 - 7/31/93
7. Chambers or Office Address Newberry, Hargrove & Rambicure 2800 Lexington Financial Center Lexington, Kentucky 40507	8. On the basis of the information contained in this Report, it is, in my opinion, in compliance with applicable laws and regulations _____ Reviewing Officer Signature _____	

IMPORTANT NOTES: The instructions accompanying this form must be followed. Complete all parts, checking the NONE box for each section where you have no reportable information. Sign on last page.

I. POSITIONS. (Reporting individual only; see pp. 7-8 of instructions.)**POSITION****NAME OF ORGANIZATION/ENTITY**☐

NONE (No reportable positions)

Partner/Shareholder

Newberry, Hargrove & Rambicure (law firm)

Partner

Brooks, Coffman & Fitzpatrick (law firm)

Custodian

UGMA accounts for dependent children,
William Hanna Coffman & Blair Burcham Coffman
(also listed in Part VII)**II. AGREEMENTS.** (Reporting individual only; see p. 8-9 of instructions.)**DATE****PARTIES AND TERMS**☐

NONE (No reportable agreements)

2/1/92

Shareholder agreement among partner/shareholders of Newberry, Hargrove

& Rambicure permitting payment of (1) capital account and (2) proportionate
share of fees collected over 24-month period, for services performed
through date of resignation.**III. NON-INVESTMENT INCOME.** (Reporting individual and spouse; see pp. 9-12 of instructions.)**DATE****SOURCE AND TYPE****GROSS INCOME**

(Monetary only)

(Yours, not spouse's)

☐

NONE (No reportable non-investment income)

1	1/1/92-7/31/93	Newberry, Hargrove & Rambicure (compensation for services)	174,862
3		Brooks, Coffman & Fitzpatrick (sale of business)	\$ 5,100
3		Brooks, Coffman & Fitzpatrick (compensation for services)	\$ 9,768
4		1/1/92 to 2/1/92	
4		Self-employment income (2/1/92 - 12/31/92)	\$ 13,241
4		Bellou & Coffman (dental practice)	(S)
		Malley & Coffman, DMD (dental practice)	(S)

FINANCIAL DISCLOSURE REPORT (cont'd)

Name of Person Reporting

Coffman, Jennifer B.

Date of Report

8/10/93

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

(Includes those to spouse and dependent children; use the parentheticals "(S)" and "(DC)" to indicate reportable reimbursements and gifts received by spouse and dependent children, respectively. See pp.13-15 of instructions.)

SOURCE

DESCRIPTION

☒ NONE (No such reportable reimbursements or gifts)

1 Exempt

V. OTHER GIFTS. (Includes those to spouse and dependent children; use the parentheticals "(S)" and "(DC)" to indicate other gifts received by spouse and dependent children, respectively. See pp.15-16 of instructions.)

SOURCE

DESCRIPTION

VALUE

☒ NONE (No such reportable gifts)

1 Exempt

		\$
		\$
		\$
		\$

VI. LIABILITIES. (Includes those of spouse and dependent children; indicate where applicable, person responsible for liability by using the parentheticals "(S)" for separate liability of spouse, "(J)" for joint liability of reporting individual and spouse, and "(DC)" for liability of a dependent child. See pp.16-18 of instructions.)

CREDITOR

DESCRIPTION

VALUE CODE

☐ NONE (No reportable liabilities)

1 FNC Bank, Lexington, KY (J)	Mortgage on Earlington, KY rental property	K
2 Fifth Third Bank, Lexington, KY (S)	Secured dental practice loan	M

* VALUE CODES: K = \$25,000 or less L = \$15,001 to \$50,000 M = \$50,001 to \$100,000 N = \$100,001 to \$250,000
 O = \$250,001 to \$500,000 P = \$500,001 to \$1,000,000 Q = more than \$1,000,000

FINANCIAL DISCLOSURE REPORT (cont'd)

Name of Person Reporting

Coffman, Jennifer B.

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VII. INVESTMENTS AND TRUSTS - Income, value, transactions. (Includes those of spouse and dependent children; see pp. 18-27 of Instructions.)

1/1/92 - 7/31/93

A. Description of Assets (including trust assets). Indicate, where applicable, owner of the asset by using the parenthetical (S) for that ownership of reporting individual and spouse, (S) for separate ownership by spouse, (DC) for ownership by dependent child. Place "(X)" after each asset except those print disclosures.	B. Income during reporting period		C. Gross Value at end of reporting period		D. Transactions during reporting period					
	(1) Amt. Code (A-B)	(2) Type of Income (C-E) rent or Int.	(1) Value Code (J-P)	(2) Value Method Code (Q-U)	If not exempt from disclosure					
					(1) Type of Transaction (V-W) buy, sell, transfer, redemption	(2) Date: Month-Day	(3) Value Code (J-P)	(4) Gain Code (A-B)	(5) Identity of Buyer/Seller (if private transaction)	
☐ NONE (No reportable income, assets, or transactions)										
Newberry, Hargrove & Rambicure (law firm) (14.29%)	G	*below	L	U	E	X	E	M	P	T
Bailou & Coffman (dental practice) (S)	G	*below	J	T	E	X	E	M	P	T
Wesley B. Coffman, DMD (dental practice) (S)	C	*below	M	R	E	X	E	M	P	T
Dean Witter Money Market (J)	A	div	J	T	E	X	E	M	P	T
Dean Witter IRA Lexington, KY	C	div	L	T	E	X	E	M	P	T
Dean Witter IRA (S) Lexington, KY	B	div	K	T	E	X	E	M	P	T
Dean Witter Trust (DC) Lexington, KY	A	div	K	T	E	X	E	M	P	T
Dean Witter Trust (DC) Lexington, KY	A	div	K	T	E	X	E	M	P	T
Loan Receivable from Fred L. Bailou, former partner(S)	B	div	M	T	E	X	E	M	P	T
#01K-IDS New Dimensions Account, Minneapolis, MN	A	div	J	T	E	X	E	M	P	T
Marlington, KY property (home of spouse's mother) (J)	C	rent	K	S	E	X	E	M	P	T
12 Lexington, KY business property (to be sold upon conf.)	D	rent	L	Q	E	X	E	M	P	T
13 Burcham trust - David Holland, Trustee, Hickman, KY (DC)	D	int	K	T	E	X	E	M	P	T
14 The Citizens Bank - Hickman, KY (DC)										
15 0 shares Commonstock, The Citizens Bank, Hickman, KY	A	div	J	U	E	X	E	M	P	T
16 Brooks, Coffman & Fitzpatrick (law firm)	D	*below	J	W	E	X	E	M	P	T
17 Brooks, Coffman & Fitzpatrick	D	partial sale	J	W	E	X	E	M	P	T
18 US Savings Bonds	C	int	J	T	E	X	E	M	P	T
19 Self-employment income	D	*below	J	T	E	X	E	M	P	T
20										
*compensation for services										

1 Income/Gain Codes:	b-\$1,000 or less (See Col. B1 & B4)	B-\$1,001 to \$2,500 F-\$250,001 to \$500,000	C-\$2,501 to 5,000 G-\$100,001 to \$1,000,000	D-\$5,001 to \$15,000 H-more than \$1,000,000
2 Value Codes:	J-\$15,000 or less (See Col. C1 & C2)	K-\$15,001 to \$50,000 L-\$50,001 to \$100,000	M-\$100,001 to \$1,000,000 N-more than \$1,000,000	P-\$100,001 to \$250,000 Q-\$250,001 to \$500,000
3 Value Method Codes:	Q-Appraisal (See Col. C2)	U-Book Value	V-Other (real estate only)	W-Estimated P-Cash/Market

FINANCIAL DISCLOSURE REPORT (cont'd)

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VIII. ADDITIONAL INFORMATION or EXPLANATIONS. (Indicate part of Report.)

- II. 8/10/93 Agreement by Arthur L. Brooks and Jane V. Fitzpatrick to purchase my interest in business property within 10 days of the date of my confirmation.
- 7/1/92 Agreement to participate in 401K plan - New Dimensions Account, administered by IDS Insurance Co., Minneapolis, MN. I have had no financial say in the matters of this Plan, except to choose the Account initially. No proceeds have been distributed to me or on my behalf. I intend to roll this Account over into a private account as soon as I can do so without financial loss.
- III. 1/1/91 - Brooks, Coffman & Fitzpatrick (law firm) 138,062
- 12/31/91 Ballou & Coffman (dental practice) (\$)

IX. CERTIFICATION.

In compliance with the provisions of 28 U.S.C. § 455 and of Advisory Opinion No. 57 of the Advisory Committee on Official Activities, and to the best of my knowledge at the time after reasonable inquiry, I did not perform any adjudicatory function in any litigation during the period covered by this report in which I, my spouse, or my minor or dependent children had a financial interest, as defined in Canon 3C(3)(c), in the outcome of such litigation.

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.A. app. 7, § 501 et. seq., 5 U.S.C. § 7353 and Judicial Conference regulations.

Signature Jennifer A. Coffman

Date 8/10/93

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.A. APP. 6, § 104, AND 18 U.S.C. § 1001)

FILING INSTRUCTIONS:

Mail signed original and 3 additional copies to:

Judicial Ethics Committee
Administrative Office of the
United States Courts
Washington, DC 20544