

|                                                                                                                                                                                                        |  |                                                                                                                                                                                                                          |  |                                                       |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------|--|
| 1. Person Reporting (Last name, first, middle initial)<br><br>WOOTEN, TERRY L.                                                                                                                         |  | 2. Court or Organization<br><br>DISTRICT COURT OF SC                                                                                                                                                                     |  | 3. Date of Report<br><br>06/20/2001                   |  |
| 4. Title (Article III judges indicate active or senior status; magistrate judges indicate full- or part-time)<br><br>US DISTRICT JUDGE NOMINEE                                                         |  | 5. Report Type (check type)<br><input checked="" type="checkbox"/> Nomination, Date 06/18/2001<br><br>Initial Annual Final                                                                                               |  | 6. Reporting Period<br>01/01/2000<br>to<br>06/15/2001 |  |
| 7. Chambers or Office Address<br><br>MCMILLAN FEDERAL BUILDING<br><br>401 W. EVANS STREET<br><br>FLORENCE, SC 29501                                                                                    |  | 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.<br><br>Reviewing Officer _____ Date _____ |  |                                                       |  |
| 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 the last page. |  |                                                                                                                                                                                                                          |  |                                                       |  |

| I. POSITIONS (Reporting individual only; see pp. 9-13 of Instructions.) |                               |
|-------------------------------------------------------------------------|-------------------------------|
| POSITION                                                                | NAME OF ORGANIZATION / ENTITY |
| <input checked="" type="checkbox"/> NONE (No reportable positions.)     |                               |
| 1                                                                       |                               |
| 2                                                                       |                               |
| 3                                                                       |                               |

| I. AGREEMENTS (Reporting individual only; see pp.14-16 of Instructions.) |                   |
|--------------------------------------------------------------------------|-------------------|
| DATE                                                                     | PARTIES AND TERMS |
| <input checked="" type="checkbox"/> NONE (No reportable agreements.)     |                   |
| 1                                                                        |                   |
| 2                                                                        |                   |
| 3                                                                        |                   |

| II. NON-INVESTMENT INCOME (Reporting individual and spouse; see pp. 17-24 of Instructions.) |                 |                                    |
|---------------------------------------------------------------------------------------------|-----------------|------------------------------------|
| DATE                                                                                        | SOURCE AND TYPE | GROSS INCOME (yours, not spouse's) |
| <input checked="" type="checkbox"/> NONE (No reportable non-investment income.)             |                 |                                    |
| 1                                                                                           |                 |                                    |
| 2                                                                                           |                 |                                    |
| 3                                                                                           |                 |                                    |
| 4                                                                                           |                 |                                    |

FINANCIAL DISCLOSURE REPORT

Name of Person Reporting

WOOTEN, TERRY L.

Date of Report

06/20/2001

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

(Includes those to spouse and dependent children. See pp. 25-28 of Instructions.)

|                          | SOURCE                                    | DESCRIPTION |
|--------------------------|-------------------------------------------|-------------|
| <input type="checkbox"/> | NONE (No such reportable reimbursements.) |             |
| 1                        | EXEMPT                                    |             |
| 2                        |                                           |             |
| 3                        |                                           |             |
| 4                        |                                           |             |
| 5                        |                                           |             |
| 6                        |                                           |             |
| 7                        |                                           |             |

V. GIFTS

(Includes those to spouse and dependent children. See pp. 29-32 of Instructions.)

|                          | SOURCE                           | DESCRIPTION | VALUE |
|--------------------------|----------------------------------|-------------|-------|
| <input type="checkbox"/> | NONE (No such reportable gifts.) |             |       |
| 1                        | EXEMPT                           |             |       |
| 2                        |                                  |             |       |
| 3                        |                                  |             |       |

VI. LIABILITIES

(Includes those of spouse and dependent children. See pp 33-35 of Instructions.)

|                                     | CREDITOR                          | DESCRIPTION | VALUE CODE* |
|-------------------------------------|-----------------------------------|-------------|-------------|
| <input checked="" type="checkbox"/> | NONE (No reportable liabilities.) |             |             |
| 1                                   |                                   |             |             |
| 2                                   |                                   |             |             |
| 3                                   |                                   |             |             |
| 4                                   |                                   |             |             |
| 5                                   |                                   |             |             |
| 6                                   |                                   |             |             |

|                              |                            |                             |                              |                         |
|------------------------------|----------------------------|-----------------------------|------------------------------|-------------------------|
| VAL CODES:J=\$15,000 or less | K=\$15,001-\$50,000        | L=\$50,001 to \$100,000     | M=\$100,001-\$250,000        | 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=\$50,000,001 or more |

|                                    |                          |                |
|------------------------------------|--------------------------|----------------|
| <b>FINANCIAL DISCLOSURE REPORT</b> | Name of Person Reporting | Date of Report |
|                                    | WOOTEN, TERRY L.         | 06/20/2001     |

|                                    |                          |                |
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**FINANCIAL DISCLOSURE REPORT**

|                          |                |
|--------------------------|----------------|
| Name of Person Reporting | Date of Report |
| WOOTEN, TERRY L.         | 06/20/2001     |

**III. ADDITIONAL INFORMATION OR EXPLANATIONS.**

(Indicate part of report.)

## FINANCIAL DISCLOSURE REPORT

Name of Person Reporting

WOOTEN, TERRY L.

Date of Report

06/20/2001

## X. CERTIFICATION

I certify that all the 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. 4, section 501 et. seq., 5 U.S.C. 7353 and Judicial Conference regulations.

Signature

Terry L. Wooten

Date

June 20, 2001

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. 4, Section 104).

## FILING INSTRUCTIONS

Mail original and three additional copies to:

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

## FINANCIAL STATEMENT

## NET WORTH

Provide a complete, current financial net worth statement which itemizes in detail all assets (including bank accounts, real estate, securities, trusts, investments, and other financial holdings) all liabilities (including debts, mortgages, loans, and other financial obligations) of yourself, your spouse, and other immediate members of your household.

| ASSETS                                                                  |  |         |  | LIABILITIES                                      |  |         |    |
|-------------------------------------------------------------------------|--|---------|--|--------------------------------------------------|--|---------|----|
| Cash on hand and in banks                                               |  | 59,000  |  | Notes payable to banks—secured                   |  |         | 0  |
| U.S. Government securities—add schedule                                 |  | 0       |  | Notes payable to banks—unsecured                 |  |         | 0  |
| Listed securities—add schedule <sup>①</sup> DELL STOCK                  |  | 5,400   |  | Notes payable to relatives                       |  |         | 0  |
| Unlisted securities—add schedule <sup>②</sup> JANUS MUTUAL FUND         |  | 60,000  |  | Notes payable to others                          |  |         | 0  |
| Accounts and notes receivable: <sup>③</sup> JANUS WORLDWIDE MUTUAL FUND |  | 12,000  |  | Accounts and bills due                           |  |         | 0  |
| Due from relatives and friends: <sup>④</sup> VANGUARD MUTUAL FUND       |  | 30,000  |  | Unpaid income tax                                |  |         | 0  |
| Due from others                                                         |  | 0       |  | Other unpaid tax and interest                    |  |         | 0  |
| Doubtful                                                                |  | 0       |  | Real estate mortgages payable—add schedule       |  |         | 0  |
| Real estate owned—add schedule                                          |  | 0       |  | Chattel mortgages and other liens payable        |  |         | 0  |
| Real estate mortgages receivable                                        |  | 0       |  | Other debts—itemize:                             |  |         | 0  |
| Autos and other personal property                                       |  | 25,000  |  |                                                  |  |         |    |
| Cash value—life insurance                                               |  | 0       |  |                                                  |  |         |    |
| Other assets—itemize: CD—FIRST UNION                                    |  | 92,000  |  |                                                  |  |         |    |
| CD—WACHOVIA                                                             |  | 75,000  |  |                                                  |  |         |    |
| CD—FEDERAL CREDIT UNION                                                 |  | 85,000  |  |                                                  |  |         |    |
| CD—NATIONAL BANK OF SC                                                  |  | 55,000  |  | Total liabilities                                |  |         | 0  |
| THRIFT SAVINGS                                                          |  | 215,000 |  | Net Worth                                        |  | 713,400 |    |
| Total Assets                                                            |  | 713,400 |  | Total liabilities and net worth                  |  | 713,400 |    |
| CONTINGENT LIABILITIES                                                  |  |         |  | GENERAL INFORMATION                              |  |         |    |
| As endorser, comaker or guarantor                                       |  | 0       |  | Are any assets pledged? (Add schedule.)          |  |         | NO |
| On leases or contracts                                                  |  | 0       |  | Are you defendant in any suits or legal actions? |  |         | NO |
| Legal Claims                                                            |  | 0       |  | Have you ever taken bankruptcy?                  |  |         | NO |
| Provision for Federal Income Tax                                        |  | 0       |  |                                                  |  |         |    |
| Other special debt                                                      |  | 0       |  |                                                  |  |         |    |