

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) Aiken, Ann L.	2. Court or Organization District of Oregon	3. Date of Report 05/13/2020
4. Title (Article III judges indicate active or senior status; magistrate judges indicate full- or part-time) Active U. S. 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 U. S. Courthouse 405 E. 8th Avenue, Suite 5500 Eugene, OR 97401		
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. Director	Relief Nursery (non-profit) Board of Directors
2. Director	Relief Nursery (non-profit) Board of Stewards
3. Board Member	Lines for Life (non-profit) Board of Directors
4. Member	Eugene Civic Alliance (non-profit) Advisory Board
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.	

Name of Person Reporting	Date of Report
Aiken, Ann L.	05/13/2020

III. NON-INVESTMENT INCOME. (Reporting individual and spouse; see pp. 17-24 of filing instructions)

A. Filer's Non-Investment Income

[X] NONE (No reportable non-investment income.)

DATE	SOURCE AND TYPE	INCOME (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.)

[X] NONE (No reportable non-investment income.)

DATE	SOURCE AND TYPE
1.	
2.	
3.	
4.	

IV. REIMBURSEMENTS -- transportation, lodging, food, entertainment.
(Includes those to spouse and dependent children; see pp. 25-27 of filing instructions.)

[X] NONE (No reportable reimbursements.)

SOURCE	DATES	LOCATION	PURPOSE	ITEMS PAID OR PROVIDED
1.				
2.				
3.				
4.				
5.				

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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. United Miles VISA (Chase)	Credit Account	J
2. Alaska Miles VISA (Bank of America)	Credit Account	J
3. Sapphire Reserve VISA (Chase)	Credit Account	J
4.		
5.		

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. Oregon Community Credit Union Savings	A	Interest	J	T					
2. Oregon Community Credit Union Savings	A	Interest	J	T					
3. Oregon Community Credit Union Savings	A	Interest	J	T					
4. Oregon Community Credit Union Savings	A	Interest	J	T					
5. Oregon Community Credit Union Savings	A	Interest	J	T					
6. Oregon Community Credit Union Checking	A	Interest	J	T					
7. Voya -IRA (H)									
8. Voya Growth & Income		None	K	T					
9. Voya Mid Cap (name change only)		None	K	T					
10. Voya Global Equity (name change only)		None	J	T					
11. T. Rowe Price Capital Appreciation Fund		None	K	T					
12. Voya Russell Large Cap Value (name change)		None	K	T					
13. Oregon College Saving Plan (Agressive Growth-auto monthly purchase)	A	Dividend	K	T	Buy				
14. Prudential Variable Annuity-IRA (H)									
15. AST Academic Strategies Asset Alloc Portfolio Prudential		None	K	T					
16. AST Advanced Strategies Portfolio Prudential		None	K	T					
17. AST Capital Grow Asset Allocation Portfolio Prudential		None	K	T					

1 Income Gain Codes:

(See Columns B1 and D4)

2 Value Codes

(See Columns C1 and D3)

3 Value Method Codes

(See Column C2)

A =\$1,000 or less

F =\$50,001 - \$100,000

J =\$15,000 or less

N =\$250,001 - \$500,000

P3 =\$25,000,001 - \$50,000,000

Q =Appraisal

U =Book Value

B =\$1,001 - \$2,500

G =\$100,001 - \$1,000,000

K =\$15,001 - \$50,000

O =\$500,001 - \$1,000,000

R =Cost (Real Estate Only)

V =Other

C =\$2,501 - \$5,000

H1 =\$1,000,001 - \$5,000,000

L =\$50,001 - \$100,000

P1 =\$1,000,001 - \$5,000,000

P4 =More than \$50,000,000

S =Assessment

W =Estimated

D =\$5,001 - \$15,000

H2 =More than \$5,000,000

M =\$100,001 - \$250,000

P2 =\$5,000,001 - \$25,000,000

T =Cash Market

E =\$15,001 - \$50,000

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. AST Prudential Growth Allocation Prudential		None	L	T					
19. AST Trowe Price Asset Allocation Prudential		None	K	T					
20. Franklin OR Tax Free Income Fund	C	Dividend	M	T					
21. Oregon College Saving Plan (Aggressive Growth-auto monthly purchase)	A	Dividend	J	T	Buy				
22. Oregon College Saving Plan (Aggressive Growth-auto monthly purchase)	A	Dividend	J	T	Buy				
23.									
24.									
25.									

1 Income Gain Codes:

(See Columns B1 and D4)

2 Value Codes

(See Columns C1 and D3)

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(See Column C2)

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

In Section VII. Investments and Trusts, lines 13, 21 & 22 are twelve \$100 per month purchases on the first of every month. Instead of listing 12 entries for all three for a total of 36 purchases, I am indicating in this section what occurs because the audit is requesting purchase dates and values.

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Name of Person Reporting

Aiken, Ann L.

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

Signature: **s/ Ann L. Aiken**

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
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