

**FINANCIAL DISCLOSURE REPORT
FOR CALENDAR YEAR 2014**

*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) Williams, Stephen C.	2. Court or Organization United States District Court - Southern District of Illinois	3. Date of Report 05/14/2015
4. Title (Article III judges indicate active or senior status; magistrate judges indicate full- or part-time) United States Magistrate Judge - Full Time	5a. Report Type (check appropriate type) ☐ Nomination ☐ Date ☐ Initial ☒ Annual ☐ Final	6. Reporting Period 01/01/2014 to 12/31/2014
	5b. ☐ Amended Report	
7. Chambers or Office Address 750 Missouri Ave, 3rd Floor East St. Louis, IL 60201		
IMPORTANT NOTES: <i>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>		

I. POSITIONS. *(Reporting individual only; see pp. 9-13 of filing instructions.)*

☒ NONE *(No reportable positions.)*

POSITION

NAME OF ORGANIZATION/ENTITY

1.	
2.	
3.	
4.	
5.	

II. AGREEMENTS. *(Reporting individual only; see pp. 14-16 of filing instructions.)*

☒ NONE *(No reportable agreements.)*

DATE

PARTIES AND TERMS

1.	
2.	
3.	

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Name of Person Reporting

Williams, Stephen C.

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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

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.)



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

DATE

SOURCE AND TYPE

1. 2014

Missouri Court of Appeals - Law Clerk

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.)*

SOURCE

DATES

LOCATION

PURPOSE

ITEMS PAID OR PROVIDED

1.

2.

3.

4.

5.

Name of Person Reporting	Date of Report
Williams, Stephen C.	05/14/2015

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.		

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Name of Person Reporting

Williams, Stephen C.

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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. Commerce Bank Accounts	A	Interest	J	T					
2. Missouri Stable Income Fund - 401(a)/457 (fka ING Stable Income Fund)		None	J	T					
3. Vanguard Growth Portfolio - 529 Plan		None			Sold	02/04/14	J		
4. Vanguard Agressive Growth Portfolio - 529 Plan		None			Sold	02/04/14	J		
5. Vanguard Moderate Growth Portfolio - 529 Plan		None	L	T	Buy (add'l)	02/04/14	K		
6. Vanguard Income Portfolio - 529 Plan		None			Sold	02/04/14	J		
7. Equivest Com Stck Index Fund		None	J	T					
8. AXA Large Cap Val Managed Vol (fka Equivest Large Cap Value PLUS Fund)		None	J	T					
9. Equivest International Equity Index Fund		None	J	T					
10. AXA Global Managed Vol (fka Equivest Global Multi Sector Equity Fund)		None	J	T					
11. Equivest Guaranteed Interest Account	A	Interest	J	T					
12. Alliance Bernstein Growth B Fund		None	J	T					
13. Alliance Bernstein Growth A Fund		None	K	T					
14. Missouri 2035 Fund - 401(a)/457		None	K	T					
15. American Funds American Mutual A Fund	A	Dividend	J	T					
16. INTECH U.S. Managed Vol II I (fka INTECH U.S. Growth Instl Fund)	A	Dividend	J	T					
17. Vanguard PRIMECAP adm Fund	A	Dividend	J	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	

Table with 2 columns: Name of Person Reporting, Date of Report. Row 1: Williams, Stephen C., 05/14/2015

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.)

Table with 10 columns: A. Description of Assets, B. Income during reporting period, C. Gross value at end of reporting period, D. Transactions during reporting period. Sub-headers include (1) Amount Code 1, (2) Type, (3) Value Code 2, (4) Gain Code 1, (5) Identity of buyer/seller.

Table with 10 columns: Investment Name, A, B, C, D, E, F, G, H, I. Rows include Dodge & Cox Intl Stock Fund, PIMCO Low Duration Instl Fund, PIMCO Total Return Instnl Fund, Metropolitan West Total Return Bond, Vangaurd Short Term Bnd IDX I, Artisan Midcap Instl Fund.

Table with 6 columns: 1. Income Gain Codes, 2. Value Codes, 3. Value Method Codes, A, B, C, D, E. Includes codes for income, value, and methods.

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Name of Person Reporting Williams, Stephen C.	Date of Report 05/14/2015
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VIII. ADDITIONAL INFORMATION OR EXPLANATIONS. *(Indicate part of report.)*

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Name of Person Reporting

Williams, Stephen C.

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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/ Stephen C. Williams**

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
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