

FINANCIAL DISCLOSURE REPORT FOR CALENDAR YEAR 2020

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) NACHMANOFF, MICHAEL S.	2. Court or Organization UNITED STATES DISTRICT COURT	3. Date of Report 09/28/2021
4. Title (Article III judges indicate active or senior status; magistrate judges indicate full- or part-time) UNITED STATES MAGISTRATE JUDGE	5a. Report Type (check appropriate type) ☐ Nomination ☐ Date ☐ Initial ☒ Annual ☐ Final	6. Reporting Period 01/01/2020 to 12/31/2020
	5b. ☒ Amended Report	
7. Chambers or Office Address 401 COURTHOUSE SQUARE FOURTH FLOOE ALEXANDRIA, VA 22314 703-299-3367		
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. BENEFICIARY REPRESENTATIVE	TRUST #1
2. BENEFICIARY REPRESENTATIVE	TRUST #2
3. BENEFICIARY REPRESENTATIVE	TRUST #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.	

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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.		
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.				

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V. GIFTS. *(Includes those to spouse and dependent children; see pp. 28-31 of filing instructions.)*NONE *(No reportable gifts.)*SOURCEDESCRIPTIONVALUE

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.)*CREDITORDESCRIPTIONVALUE CODE

1.

2.

3.

4.

5.

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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)	(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. UNITD BANK ACCOUNTS (CASH-EQUIVALENT)	A	Interest	K	T					
2. VANGUARD PRIME MONEY MARKET FUND	A	Dividend	K	T					
3. VANGUARD STAR FUND	B	Dividend	K	T					
4. VANGUARD TOTAL STOCK MARKET INDEX ADM	B	Dividend	L	T					
5. VANGUARD LIFESTRATEGY GROWTH FUND	B	Dividend	L	T					
6. VANGUARD LTD-TERM TAX EXEMPT FUND	A	Dividend	J	T					
7. VANGUARD WINDSOR II FUND INV	A	Dividend	J	T					
8. BROKERAGE #1									
9. VANGUARD FEDERAL MONEY MARKET FUND, F/K/A MORGAN STANLEY BANK	A	Dividend	J	T					
10. - SLF COMMON STOCK	A	Dividend	J	T					
11. - USB COMMON STOCK	A	Dividend	J	T					
12. - UBI COMMON STOCK	A	Dividend	J	T					
13. - APEX GLOBAL BRAND INC, F/K/A CHKE COMMON STOCK		None	J	T					
14. METLIFE INSURANCE (WHOLE LIFE)	B	Int./Div.	L	T					
15. TRUST #1 BENEFICIARY REPRESENTATIVE									
16. - ROYCE PENNSYLVANIA MUTUAL FUND, F/K/A ROYCE TRUSTSHARES FUND	D	Dividend	N	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	

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☐ 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)
17. TRUST #2 BENEFICIARY REPRESENTATIVE									
18. - ROYCE PENNSYLVANIA MUTUAL FUND, F/K/A ROYCE TRUSTSHARES FUND	D	Dividend	N	T					
19. TRUST #3 BENEFICIARY REPRESENTATIVE									
20. -ROYCE PENNSYLVANIA MUTUAL FUND, F/K/A ROYCE TRUSTSHARES FUND	D	Dividend	M	T					
21. FIDELITY INVESTMENTS DE COLLEGE PORTFOLIO		None	J	T					
22. VA CSP									
23. - CHESAPEAKE		None	M	T	Buy (add'l)	10/23/20	J		
24. - CHESAPEAKE(CONTINUED)					Distributed (part)	12/01/20	K		
25. - POTOMAC		None	K	T	Buy (add'l)	11/27/20	J		
26. - POTOMAC (CONTINUED)					Distributed (part)	01/06/20	K		
27. -POTOMAC (CONTINUED)					Distributed (part)	08/03/20	K		
28. - AGGRESSIVE		None	M	T	Distributed (part)	08/03/20	K		
29. - ALLEGHANY		None	M	T					
30.									

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

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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/ **MICHAEL S. NACHMANOFF**

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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Washington, D.C. 20544