

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) Kobes, Jonathan A.	2. Court or Organization US Court of Appeals for the Eighth Circuit	3. Date of Report 05/14/2021
4. Title (Article III judges indicate active or senior status; magistrate judges indicate full- or part-time) US Circuit Court Judge - Active Status	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 314 S Maine Ave., Ste 301 Sioux Falls, SD 57104 Sioux Falls, SD 57104		
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.)

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

Kobes, Jonathan A.

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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.)*

<u>DATE</u>	<u>SOURCE AND TYPE</u>	<u>INCOME</u> (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.)*

<u>DATE</u>	<u>SOURCE AND TYPE</u>
1. 2020	Sanford Health
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.)*

<u>SOURCE</u>	<u>DATES</u>	<u>LOCATION</u>	<u>PURPOSE</u>	<u>ITEMS PAID OR PROVIDED</u>
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.

2.

3.

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)	(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. Iowa 529 Account (H)									
2. - Vanguard Aggressive Growth Portfolio	A	Dividend	K	T					
3. - Vanguard Blend Moderate Growth Portfolio (X)	A	Dividend	J	T					
4. Traditional IRA #1 (H)									
5. - VFORX - Vanguard Target Retirement 2040 Fund	A	Dividend	J	T					
6. Roth IRA #1 (H)									
7. - VFORX - Vanguard Target Retirement 2040 Fund	A	Dividend	K	T					
8. Rollover IRA #1 (H)									
9. - VTIAX - Vanguard Total International Stock Index Fund	A	Dividend	K	T					
10. - VTI - Vanguard Total Stock Market ETF	A	Dividend	K	T					
11. - Healthcare Select Sector SPDR ETF - XLV	A	Dividend	J	T					
12. Sanford Health 401K (H)									
13. - Sanford Target Retirement 2060 Separate Account - Principal	A	Dividend	K	T					
14. Traditional IRA #2 - Brokerage (H)									
15. - VXUS - Vanguard Total International Stock Index Fund ETF	A	Dividend	J	T					
16. - VTI - Vanguard Total Stock Market ETF	A	Dividend	J	T					
17. Rollover IRA #2 (H)									

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				
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18. - VTIVX - Vanguard Target Retirement 2045 Fund	B	Dividend	M	T					
19. Roth IRA #2 (H)									
20. - VTIVX - Vanguard Target Retirement 2045 Fund	A	Dividend	K	T					
21. Roth IRA #3 - Brokerage Account (H)									
22. - VTIAX - Vanguard Total International Stock Index Fund	A	Dividend	J	T					
23. - VTSAX - Vanguard Total Stock Market Index Fund	A	Dividend	K	T					
24. Roth - 1 (H) (X)									
25. - VXUS	A	Dividend	J	T					
26. - VTI	A	Dividend	J	T					
27.									
28.									
29.									
30.									
31.									
32.									
33.									
34.									

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(See Columns B1 and D4)

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3 Value Method Codes

(See Column C2)

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35.									

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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/ Jonathan A. Kobes**

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
Suite 2-301
One Columbus Circle, N.E.
Washington, D.C. 20544