

FINANCIAL DISCLOSURE REPORT FOR CALENDAR YEAR 2017

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) WHITTEMORE, JAMES D.	2. Court or Organization USDC-MDFL-TAMPA	3. Date of Report 04/24/2018
4. Title (Article III judges indicate active or senior status; magistrate judges indicate full- or part-time) U.S. DISTRICT JUDGE-Senior Status	5a. Report Type (check appropriate type) ☐ Nomination ☐ Date ☐ Initial ☒ Annual ☐ Final 5b. ☐ Amended Report	6. Reporting Period 01/01/2017 to 12/31/2017
7. Chambers or Office Address 801 N. Florida Ave. Suite 13B Tampa, FL 33602		
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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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. 2017	State of Florida-Retirement	\$29,485.80
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. 2017	
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.)*

	<u>SOURCE</u>	<u>DESCRIPTION</u>	<u>VALUE</u>
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.)*

	<u>CREDITOR</u>	<u>DESCRIPTION</u>	<u>VALUE CODE</u>
1.	American Express-Optima	Credit Card	K
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) 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. Amgen, Inc.	B	Dividend	L	T					
2. Cisco Systems, Inc. Common Stock (IRA)	A	Dividend	J	T					
3.									
4. Bank Sweep Deposit (Mny Mkt) (StifelNicolaus)	B	Interest	J	T					
5. Nektar Therapeutics Common Stock	A	Dividend	J	T					
6. Microsoft Corp. Common Stock(IRA)	A	Dividend	J	T					
7. Intel Corp. Common Stock (IRA)	A	Dividend	J	T					
8. AmerisourceBergen Corp. (Common Stock)	A	Dividend	J	T					
9. Bank Sweep Deposit (MnyMkt) (StifelNicolaus)	A	Interest	M	T	Spinoff (from line 13)	06/28/17	M		
10. CIGNA Corporation 401K (H):									
11. --CIGNA 401K (Common Stock)		None	K	T					
12. --CIGNA 401K (Fixed Income Stock)		None	M	T					
13. CIGNA Corporation Pension Plan	B	Interest			Distributed	06/28/17	M		
14.									
15.									
16. --Fidelity Intl Discovery (Stock)	B	Int./Div.			Merged (with line 27)	09/01/17	L		
17. --Fidelity Freedom 2015(Blended)	A	Int./Div.			Merged (with line 27)	09/01/17	J		

1. Income Gain Codes:	A ~\$1,000 or less	B ~\$1,001 - \$2,500	C ~\$2,501 - \$5,000	D ~\$5,001 - \$15,000	E ~\$15,001 - \$50,000
(See Columns B1 and D4)	F ~\$50,001 - \$100,000	G ~\$100,001 - \$1,000,000	H1 ~\$1,000,001 - \$5,000,000	H2 ~More than \$5,000,000	
2. Value Codes	J ~\$15,000 or less	K ~\$15,001 - \$50,000	L ~\$50,001 - \$100,000	M ~\$100,001 - \$250,000	
(See Columns C1 and D3)	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 ~More than \$50,000,000		
3. Value Method Codes	Q ~Appraisal	R ~Cost (Real Estate Only)	S ~Assessment	T ~Cash Market	
(See Column C2)	U ~Book Value	V ~Other	W ~Estimated		

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18. --MIP C1 1 (Bond Investments)	A	Int./Div.			Merged (with line 27)	09/01/17	J		
19. Wells Fargo Bank Accounts	A	Interest	K	T					
20. Bank of America Account		None	J	T					
21. Suncoast Credit Union	A	Interest	J	T					
22. Express Scripts Hldg Company		None	J	T					
23. Janus Int'l Equity CL A		None			Sold	03/30/17	J	A	
24. T Rowe Price Health Sciences	A	Dividend	J	T					
25. T Rowe Price Blue Chip growth	A	Dividend	J	T					
26. Equitable Premium Life Insurance		None	J	T					
27. UnitedHealth Group 401(k) Savings Plan (H):									
28. --FIAM Small Co		None			Closed	08/18/17	J		
29. --FIAM Small Co Commingled Pool Class B		None	J	T	Spinoff (from line 28)	08/18/17	J		
30. --Vanguard Inst. Index Plus	A	Int./Div.	J	T					
31. --Vangrad Md Cp Idx Is Pl	A	Int./Div.	J	T					
32. --WT Mid Cap Opps	A	Int./Div.	J	T					
33. --SS US Bond Index C		None	J	T					
34. --UHG Stable Value		None	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	

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35. --AF EuroPacGrowth R6	C	Int./Div.	L	T	Buy	09/30/17	L		
36. --Trgt 2015 CIT E3		None	J	T	Buy	09/30/17	J		
37. Equitable Premium Life Insurance		None	K	T					

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

Personal Information- Senior Status assumed August 29, 2017

Part I:

-- Trust #1 sold its only asset in 2016 and was terminated

Section III. Non-Investment Income, Part B: [REDACTED] became part of [REDACTED] in 2016.

Section VII, Line # 3: (left blank intentionally).

Section VII, Line # 14 (left blank intentionally). Trust sold its only asset and was terminated (see Part I note).

Section VII, Line # 15 (left blank intentionally): Helios 401(k) Plan merged into UnitedHealth Group 401(k) Savings Plan on September 1, 2017. Funds transferred that date and UnitedHealth Group 401(k) Savings Plan is listed on line 27.

Section VII, Lines # 16, 17, 18: These stocks were disposed of in the merger of the Helios 401(k) Plan with the UnitedHealth 401(k) Savings Plan.

Section VII, Line # 19: accounts designated plural [REDACTED]

Section VII, Lines 35, 36 are stock acquisitions within United Health Group 401(k) Savings Plan. Stocks within Plan are listed on Lines 28-36, in accordance with the Committee's August 8, 2017 correspondence. As explained in the response to the Committee's inquiry and amended 2016 Report, the UnitedHealth Group 401(k) is a defined contribution plan my spouse was automatically enrolled in on April 1, 2016, when UnitedHealth Group acquired Helios.

Section VII, Line 36: During recent insurance review with insurance agent, realized spouse has an Equitable flexible whole life insurance policy which was overlooked.

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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/ JAMES D. WHITTEMORE**

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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