

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) Rodgers, John T.	2. Court or Organization U.S. District Court, Eastern District of Washington	3. Date of Report 07/07/2015
4. Title (Article III judges indicate active or senior status; magistrate judges indicate full- or part-time) Full Time Magistrate Judge	5a. Report Type (check appropriate type) ☐ Nomination ☐ Date ☐ Initial ☒ Annual ☐ Final 5b. ☐ Amended Report	6. Reporting Period 01/01/2014 to 12/31/2014
7. Chambers or Office Address West 920 Riverside Ave. Suite 740 PO Box 1493 Spokane, WA 99210		
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. | appointed Sole Trustee on June 19, 2014 | [Relative's] Living Trust |
| 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. | | |

FINANCIAL DISCLOSURE REPORT

Page 2 of 6

Name of Person Reporting

Rodgers, John T.

Date of Report

07/07/2015

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.)*DATESOURCE AND TYPEINCOME
(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.)*DATESOURCE AND TYPE

1. 2014

wages from state employment

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.)*SOURCEDATESLOCATIONPURPOSEITEMS PAID OR PROVIDED

1. _____

2. _____

3. _____

4. _____

5. _____

FINANCIAL DISCLOSURE REPORT

Page 3 of 6

Name of Person Reporting

Rodgers, John T.

Date of Report

07/07/2015

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.		

FINANCIAL DISCLOSURE REPORT

Page 4 of 6

Name of Person Reporting

Rodgers, John T.

Date of Report

07/07/2015

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.)

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. TIAA CREF- TIAA Traditional	A	Dividend	K	T					
2. TIAA CREF - CREF Bond Market	A	Int./Div.	K	T					
3. TIAA CREF - TC Lifestyle 2010-Rtmt	A	Int./Div.	K	T					
4. TIAA CREFF - TC Lifecycle 2025-Rtmt (spouse)	C	Int./Div.	K	T					
5.									
6. Wash. State Dept. Ret. Systems - PERS 2	D	Interest	M	T					
7. Wash. State Dept. Ret. Systems - PERS 2 (spouse)	B	Interest	K	T					
8.									
9. Maritain VEBA - Vanguard LifeStrategy Conservative Growth	A	Int./Div.	J	T					
10.									
11. Great West Retirement (now "Empowerment")		None	M	T					
12.									
13. Spokane Teacher's Credit Union (X)	A	Int./Div.	L	T					
14.									
15. Family Living Trust - cash in U.S. Bank (X)	A	Int./Div.	J	T					
16.									
17.									

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 ~\$250,000,001 - \$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	

FINANCIAL DISCLOSURE REPORT

Page 5 of 6

Name of Person Reporting

Rodgers, John T.

Date of Report

07/07/2015

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

Part I (Positions) and Part VII at line 15 (Investments and Trusts):

Some time ago I was named Sole Trustee and Attorney in Fact for a "Living Trust" created by a Trustor who was a relative. I had no role or authority, pending the Trustor's death or incompetency.

On June 19, 2014, the Trustor became incompetent and I became the Sole Trustee and Attorney in Fact, with complete authority over the assets of the Trust.

I took no action and made no decisions for eleven days. On July 1, 2014, by written instrument, I delegated my entire authority to another as Trustee and Attorney in Fact.

Thereafter and throughout the latter part of 2014, this succeeding Trustee liquidated Trust assets, and moved the value to instruments outside of the trust. This did not require my approval, control or acknowledgment. (Evidently this is a commonly-recognized way to qualify the incompetent Trustor for Medicaid, while maximizing the assets remaining for the marital community.)

On December 31, 2014 the sole remaining asset of the Trust was a bank account containing \$1, 877.26.

Part VII (Investments and Trusts) at line 13:

This references our joint household bank account, to which the paychecks of my spouse and I are deposited, and from which we pay household expenses.

I am concerned that I should've reported this in my ["initial" and only other disclosure] report dated 2-14-14.

FINANCIAL DISCLOSURE REPORT

Page 6 of 6

Name of Person Reporting

Rodgers, John T.

Date of Report

07/07/2015

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/ **John T. Rodgers**

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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