

FINANCIAL DISCLOSURE REPORT FOR CALENDAR YEAR 2011

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) SIMONTON, ANDREA M.	2. Court or Organization U.S. DISTRICT COURT, S.D. FL.	3. Date of Report 05/15/2012
4. Title (Article III judges indicate active or senior status; magistrate judges indicate full- or part-time) U.S. MAGISTRATE J, ACTIVE F/T	5a. Report Type (check appropriate type) ☐ Nomination ☐ Date ☐ Initial ☒ Annual ☐ Final 5b. ☐ Amended Report	6. Reporting Period 01/01/2011 to 12/31/2011
7. Chambers or Office Address U.S. COURTHOUSE 301 N. MIAMI AVE. FL8 MIAMI, FL 33128		
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. Insert signature on last page.		

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

☐ NONE (No reportable positions.)

POSITION

NAME OF ORGANIZATION/ENTITY

1. TRUSTEE	TRUST # 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.)*

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. 2011

State of Florida, Salary

2. 2011

U.S. government annuity

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.)*

	<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.	Bank of America	Revolving credit card	J
2.	Capital One	Revolving credit card	K
3.	Discover	Revolving credit card	J
4.	Chase	Revolving credit card	K
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. U. S. SAVINGS BONDS	A	Int./Div.	J	T					
2. COINS		None	K	W					
3. TRUST # 1, TTEE & benef.: agg. values for assets##4-6, 24	B	Int./Div.	K	T					
4. - FRANKLIN HI INC. FUND CLASS A	A	Int./Div.	J	T					
5. - Coins		None	J	W					
6. - JP Morgan Chase Bank	A	Interest	J	T					
7. JP Morgan Chase Bank	A	Interest	J	T					
8. Fla. Retirement System. Plan A30 FRS Agress Bal. Fund		None	M	T	Buy (add'l)	01/31/11	J		See comments
9. Fla. Retirement System. Plan A30 FRS Agress Bal. Fund		None	M	T	Buy (add'l)	02/28/11	J		See comments
10. Fla. Retirement System. Plan A30 FRS Agress Bal. Fund		None	M	T	Buy (add'l)	03/31/11	J		See comments
11. Fla. Retirement System. Plan A30 FRS Agress Bal. Fund		None	M	T	Buy (add'l)	04/29/11	J		See comments
12. Fla. Retirement System. Plan A30 FRS Agress Bal. Fund		None	M	T	Buy (add'l)	05/31/11	J		See comments
13. Fla. Retirement System. Plan A30 FRS Agress Bal. Fund		None	M	T	Buy (add'l)	06/30/11	J		See comments
14. Fla. Retirement System. Plan A30 FRS Agress Bal. Fund		None	M	T	Buy (add'l)	07/29/11	J		See comments
15. Fla. Retirement System. Plan A30 FRS Agress Bal. Fund		None	M	T	Buy (add'l)	08/31/11	J		See comments
16. Fla. Retirement System. Plan A30 FRS Agress Bal. Fund		None	M	T	Buy (add'l)	09/30/11	J		See comments
17. Fla. Retirement System. Plan A30 FRS Agress Bal. Fund		None	M	T	Buy (add'l)	10/31/11	J		See comments

1. Income Gain Codes:	A = \$1,000 or less (See Columns B1 and D4)	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	F = \$50,001 - \$100,000 (See Columns C1 and D3)	J = \$15,000 or less N = \$250,001 - \$500,000	K = \$15,001 - \$50,000 O = \$500,001 - \$1,000,000	L = \$50,001 - \$100,000 P1 = \$1,000,001 - \$5,000,000	M = \$100,001 - \$250,000 P2 = \$5,000,001 - \$25,000,000
3. Value Method Codes	P3 = \$25,000,001 - \$50,000,000 (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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VII. INVESTMENTS and TRUSTS -- income, value, transactions (Includes those of spouse and dependent children; see pp. 34-60 of filing instructions.)

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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 I (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)
18. Fla. Retirement System. Plan A30 FRS Agress Bal. Fund		None	M	T	Buy (add'l)	11/30/11	J		See comments
19. Fla. Retirement System. Plan A30 FRS Agress Bal. Fund		None	M	T	Buy (add'l)	12/30/11	J		See comments
20. Marsh & McLennan Co. 401(k) Plan assets: ##21-23		None	K	T					
21. Victory Inst. Diversfd Stock Fd		None	J	T					
22. Vanguard Wellington Admrl Cl		None	J	T					
23. PIMCO Total Return Fund		None	J	T					
24. -Wells Fargo Total Return Bond Fund A	A	Dividend	J	T					
25.									
26.									

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

Part VII Items 8 - 19. This asset is the Florida Retirement System Investment Plan A 30 FRS Agressive Balanced Fund. This is a 401(a) retirement plan in which [REDACTED] particiaptes as an employee of the State of Florida. Under this plan, as a part of [REDACTED] compensation package, the State of Florida pays a percentage of [REDACTED] monthly salary into this fund, and a percentage of [REDACTED] monthly wages are deducted from [REDACTED] pay for deposit into this fund. There are no other deposits into this fund. Column C in items 8 through 19 reflects the balance of the entire fund at the end of the reporting period, and the transactions listed in Column D, items 8 through 19, reflect the monthly deposits. The transaction code for all combined deposits, as well as each individual deposit, during the calendar year 2010 is J.

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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/ ANDREA M. SIMONTON

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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