

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) Norris, Alan E.	2. Court or Organization Sixth Circuit Court of Appeals	3. Date of Report 04/01/2019
4. Title (Article III judges indicate active or senior status; magistrate judges indicate full- or part-time) U.S. Circuit Judge (senior)	5a. Report Type (check appropriate type) ☐ Nomination ☐ Initial ☒ Annual ☒ Amended Report ☐ Date ☐ Final	6. Reporting Period 01/01/2017 to 12/31/2017
7. Chambers or Office Address 328 U.S. Courthouse 85 Marconi Boulevard Columbus, OH 43215		
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.	Trustee	Clements Foundation, Westerville, Ohio
2.	Partner	Schrock Road Professional Building, a partnership, Westerville, Ohio
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. 01/01/67	to 6/30/86 - Ohio Public Employees Retirement System, contributed during former state employment
2. 1981	ABA - Administered "Keogh" Plan, contributed during law practice. Consists of Large-Cap Equity Fund, Small-MidCap Equity Fund, & Stable Asset Return Fund
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. Jan-Dec 17	Ohio Public Employees Retirement System	\$61,061.93
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. Jan-Dec 17	Ohio Public Employees Retirement System (spouse)
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.	KeyBank	credit card debt (spouse)	K
2.	Capital one Bank	credit card debt (spouse)	K
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. 1/4 int. rental property, Westerville, OH appraised 1/19/04	D	Rent	M	Q					
2. common stock, IBM	A	Dividend	K	T					
3. checking account, Bank one/Chase Bank Columbus, Oh	A	Interest	K	T					
4. Keogh, ABA/Equitable Life Ins. See note in Section VIII	D	Distribution	M	T					
5. Re: #4 above - Plan name is Equitable Life	D	Distribution	L	T					
6. Insurance Large Cap Equity Fund									
7. Re: #4 above -2nd Plan Name is Equitable Life	D	Distribution	L	T					
8. Insurance Mid-Cap Equity Fund									
9. Re: #4 above - 3rd Plan Name is Equitable	D	Distribution	K	T					
10. Life Insurance Stable Asset Retun Fund									
11. Savings Account, WesBanco Cols, OH (formerly AmTrust)	A	Interest	M	T					
12. Guardian Life Insurance Policy #1	A	Dividend	J	T					
13. I Shares Barclays TIPS Bond Fund	A	Dividend	J	T					
14. Pimco FDS bond Fund	A	Dividend	J	T					
15. PNC Bank Money Market Account	A	Int./Div.	M	T					
16.									
17.									

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	J = \$15,000 or less (See Columns C1 and D3)	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	P4 = More than \$50,000,000
3. Value Method Codes	Q = Appraisal (See Column C2)	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.)*

IN RESPONSE TO INQUIRY FROM JUDICIAL CONFERENCE COMMITTEE ON FINANCIAL DISLCOSURE I SUBMIT THE FOLLOWING: Apologies for the delayed response to inquiry.

SECTION VII.

Line 4. Is my American Bar Association Keogh retirement plan, now administered by Equitable Life Insurance Company. Additional information in response to inquiry letter

Plan portfolio consists of

Plan Name: Equitable Life Insurance Large-Cap Equity Fund (Value Code L)

2nd Plan Name: Equitable Life Insurance Mid-Cap Equity Fund (Value Code L)

3rd Plan Name: Equitable Life Insurance Stable Asset Retun Fund (Value Code K)

Line 6. The Guardian policy is a paid up whole life policy.

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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/ Alan E. Norris

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
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