

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) McDade, Joe B.	2. Court or Organization United States District Court, Central District of Illinois	3. Date of Report 4/1/2015
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 01/01/2014 to 12/31/2014
7. Chambers or Office Address 127 Federal Building 100 N.E. Monroe Street Peoria, IL 61602		
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. Eminent Status Member	American Inn of Court/Abraham Lincoln of Peoria, Illinois
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. 1992	Illinois State Retirement System: Judicial Pension upon retirement in 1992
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.

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.)*

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.	Reliastar Life Ins (ING)	Policy Loan	J
2.	Metropolitan Life Ins Co	Policy Loan	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. Commerce Bank Accts	A	Interest	L	T					
2. Reliastar Life Ins Co (whole life)	A	Dividend	J	T					
3. Note Rcvble Lexington Assoc Ltd	B	Interest	J	U					
4. Met Life (universal life)	A	Dividend	J	T					
5. Southside Bank Accts	A	Interest	L	T					
6. Broker Acct #1		None							
7. -Lincoln Natl Choice Plus Assurace L Share Variable Annuity		None	L	W					
8. Broker Acct #2									
9. -Income Fund Amer Inc CLC Mutual Fund	B	Dividend	K	T					
10. Broker Acct #3									
11. -Hartford ILA Leaders Outlook Variable Annuity		None	K	W					
12. Heartland Bank Acct	A	Interest	J	T					
13. Vanguard IRA Acct	D	Dividend	M	T					
14. GNMA Fund Investor Shares		None							
15. S-T Investment-Grade Inv		None							
16. Health Care Fund Inv		None							
17. Dividend Growth Fund		None							

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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18. International Growth Inv		None							
19. Selected Value Fund		None							
20. Mid-Cap Index Fund Adm		None							
21. Vanguard/Individual Acct		None							
22. GNMA Fund Investor Shares	A	Dividend	J	T					
23. S-T Investment-Grade Inv	A	Dividend	J	T					
24. Health Care Fund Inv (converted to Adm shores)									
25. Health Care Fund Adm Shores	B	Dividend	M	T					
26. Dividend Growth Fund	B	Dividend	K	T					
27. International Growth Inv	A	Dividend	K	T					
28. Selected Value Fund	C	Dividend	L	T					
29. Mid-Cap Index Fund Adm	A	Dividend	L	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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VIII. ADDITIONAL INFORMATION OR EXPLANATIONS. *(Indicate part of report.)*

Part VII.

Item #3. Note Receivable -- Lexington Assoc. Ltd., a Colorado Ltd. Partnership c/o Cheyenne Mountain Investments, re installment sale of Lexington Hills Apartments, owned by Investors Land Tr #50 of which I own 1.9048% beneficial interest -- Jefferson Trust & Savings Bank, Trustee, Under Trust Agreement.

Items #6, #8, and #10 reflect the fact that the single Wells Fargo Advisors Broker account listed in 2009 Report actually consists of these three broker accounts.

Item #13 and #21 -- These investment accounts were established on May 21, 2011, upon taking senior status entitling me to transfer my TSP account to an IRA account. They were inadvertently omitted from prior reports.

Item #24 - This fund was converted to "Admiral Shores" as now reflected in #25.

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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/ Joe B. McDade

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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