

FINANCIAL DISCLOSURE REPORT

FOR CALENDAR YEAR 2004

1. Person Reporting <i>(Last name, first, middle initial)</i> Stewart, Carl E.	2. Court or Organization United States Court of Appeals for the Fifth Judicial Circuit	3. Date of Report May 12, 2005
4. Title <i>(Article III judges indicate active or senior status; magistrate judges indicate full- or part-time)</i> United States Circuit Judge	5. Report Type (check appropriate type) ___ Nomination, Date _____ ___ Initial <u> X </u> Annual ___ Final	6. Reporting Period January 1, 2004 – December 31, 2004
7. Chambers or Office Address United States Courthouse 300 Fannin Street, Suite 2299 Shreveport, Louisiana 71101-3074	8. On the basis of the information contained in this Report and any modifications pertaining thereto, it is, in my opinion, in compliance with applicable laws and regulations. Reviewing Officer _____ Date _____	

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. Sign on last page.*

I. POSITIONS. *(Reporting individual only; see pp. 9-13 of Instructions.)*

	<u>POSITION</u>	<u>NAME OF ORGANIZATION/ENTITY</u>
<input type="checkbox"/>	NONE (No reportable positions.)	
1	Trustee	Centenary College of Louisiana, Shreveport, Louisiana
2	Trustee	American Inns of Court Foundation, Arlington, Virginia
3	Director	Nerwela Council Boy Scouts of America, Shreveport, Louisiana

II. AGREEMENTS. *(Reporting individual only; see pp. 14-16 of Instructions.)*

	<u>DATE</u>	<u>PARTIES AND TERMS</u>
<input checked="" type="checkbox"/>	NONE (No reportable agreements.)	
1		
2		

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III. NON-INVESTMENT INCOME. *(Reporting individual and spouse; see pp. 17-24 of Instructions.)*

	<u>DATE</u>	<u>SOURCE AND TYPE</u>	<u>GROSS INCOME</u>
A. Filer's Non-Investment Income			
<input checked="" type="checkbox"/>	NONE (No reportable non-investment income.)		
1			\$ _____
2			\$ _____
3			\$ _____
B. Spouse's Non-Investment Income - If you were married during any portion of the reporting year, please complete this section. (dollar amount not required except for honoraria)			
<input type="checkbox"/>	NONE (No reportable non-investment income.)		
1	2004	Louisiana State University Health Sciences Center	
2	2004	Family Services Unlimited	

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IV. REIMBURSEMENTS -- transportation, lodging, food, entertainment. (Includes those to spouse and dependent children. See pp. 25-27 of Instructions.)

	<u>SOURCE</u>	<u>DESCRIPTION</u>
<input checked="" type="checkbox"/>	NONE (No such reportable reimbursements.)	
1		
2		
3		
4		
5		
6		
7		

V. GIFTS. (Includes those to spouse and dependent children. See pp. 28-31 of Instructions.)

	<u>SOURCE</u>	<u>DESCRIPTION</u>	<u>VALUE</u>
<input checked="" type="checkbox"/>	NONE (No such reportable gifts.)		
1			\$
2			\$
3			\$
4			\$

VI. LIABILITIES. (Includes those of spouse and dependent children. See pp. 32-33 of Instructions.)

	<u>CREDITOR</u>	<u>DESCRIPTION</u>	<u>VALUE CODE*</u>
<input checked="" type="checkbox"/>	NONE (No reportable liabilities.)		
1			
2			
3			
4			
5			

*Value Codes: J=\$15,000 or less K=\$15,001-\$50,000 L=\$50,001-\$100,000 M=\$100,001-\$250,000
 N=\$250,001-\$500,000 O=\$500,001-\$1,000,000 P1=\$1,000,001-\$5,000,000 P1=\$1,000,001-\$5,000,000
 P2=\$5,000,001-\$25,000,000 P3=25,000,001-50,000,000 P4=50,000,001 or more

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VII. Page 1 INVESTMENTS and TRUSTS -- income, value, transactions (Includes those of spouse and dependent children. See pp. 34-50 of Instructions.)

A. Description of assets (including trusts)	B. Income during reporting period		C. Gross value at end of reporting period		D. Transactions during reporting period				
	(1)	(2)	(1)	(2)	(1)	If not exempt from disclosure			
	Amt. Code1 (A-H)	Type (e.g., div., rent or int.)	Value Code2 (J-P)	Value Method Code3 (Q-W)	Type (e.g., buy, sell, merger, redemption)	(2) Date: Month-Day	(3) Value Code2 (J-P)	(4) Gain Code1 (A-H)	(5) Identity of buyer/seller (if private transaction)
<input type="checkbox"/> NONE (No reportable income, assets, or transactions.)									
1 IRA (Post Office Employee Credit Union)	A	interest	L	T					
2 IRA (Post Office Employee Credit Union)	A	interest	J	T					
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									
15									
16									

1	Income/Gain Codes: (See Col. B1, 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 Col. C1, D3)	J=\$15,000 or less N=\$250,001-\$500,000 P3=\$250,000.001-\$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 P4=More than \$5,000,000	M=\$100,001-\$250,000 P2=\$5,000,001-\$25,000,000	
3	Value Method Codes: (See Col. 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.)

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



Date May 12, 2005

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.)

FILING INSTRUCTIONS:

Mail signed original and 3 additional copies to:

Committee on Financial Disclosure
Administrative Office of the
United States Courts
Suite 2-301
One Columbus Circle, N.E.
Washington, D.C. 20544