

**FINANCIAL DISCLOSURE REPORT
FOR CALENDAR YEAR 2004**

Report Required by the Ethics
in Government Act of 1978
(5 U.S.C. app. §§ 101-111)

1. Person Reporting (Last name, First name, Middle initial) Stead, Dennis W	2. Court or Organization 4th Circuit Court of Appeals	3. Date of Report 05/12/2005
4. Title (Article III Judges indicate active or senior status; magistrate judges indicate full- or part-time) Active Circuit Judge	5. Report Type (check appropriate type) <input type="radio"/> Nomination, <input type="radio"/> Date <input type="radio"/> Initial <input checked="" type="radio"/> Annual <input type="radio"/> Final	6. Reporting Period 01/01/2004 to 12/31/2004
7. Chambers or Office Address 1100 Laurel Street Columbia, SC 29201	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 filing instructions)

NONE - (No reportable positions.)

POSITION

NAME OF ORGANIZATION/ENTITY

1. _____

II. AGREEMENTS. (Reporting individual only; see pp. 14-16 of filing instructions)

NONE - (No reportable agreements.)

DATE

PARTIES AND TERMS

1. _____

RECEIVED
 MAY 18 10 19 AM '05
 FINANCIAL
 DISCLOSURE OFFICE

FINANCIAL DISCLOSURE REPORT

Name of Person Reporting

Sbejd, Dennis W

Date of Report

05/12/2005

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>GROSS INCOME</u> (yours, not spouse's)
1.	2002	Allianz Life Ins. Co. (annuity beneficiary)	600.00

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 annuities.) **NONE** - (No reportable non-investment income.)

	<u>DATE</u>	<u>SOURCE AND TYPE</u>
1.		

IV. REIMBURSEMENTS -- transportation, lodging, food, entertainment

(includes those to spouse and dependent children. See pp. 25-27 of instructions.)

 NONE - (No such reportable reimbursements.)

	<u>SOURCE</u>	<u>DESCRIPTION</u>
1.		

FINANCIAL DISCLOSURE REPORT

Name of Person Reporting

Shedd, Dennis W

Date of Report

05/12/2005

V. GIFTS. (Includes those to spouse and dependent children. See pp. 28-31 of instructions.) **NONE** - (No such reportable gifts.)

<u>SOURCE</u>	<u>DESCRIPTION</u>	<u>VALUE</u>
1.		

VI. LIABILITIES. (Includes those of spouse and dependent children. See pp. 32-34 of instructions.) **NONE** - (No reportable liabilities.)

<u>CREDITOR</u>	<u>DESCRIPTION</u>	<u>VALUE CODE</u>
1.		

FINANCIAL DISCLOSURE REPORT

Page 1 of 1

Name of Person Reporting
Shedd, Dennis W

Date of Report
05/12/2005

VII. INVESTMENTS and TRUSTS - income, value, transactions (includes those of the spouse and dependent children. See pp. 34-57 of filing instructions.)

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. rest. or int.)	(1) Value Code 2 (J-P)	(2) Value Method Code 3 (Q-W)	(1) Type (e.g. buy, sell, merger, redemption)	If not exempt from disclosure			
						(2) Date: Month - Day	(3) Value Code 2 (J-P)	(4) Gain Code 1 (A-H)	(5) Identity of buyer/seller (if private transaction)
<input type="checkbox"/> NONE (No reportable income, assets, or transactions)									
1. Parcel of [REDACTED] (12/03)	D	Rent	O	W					
2. IRAs - Vanguard Mutual Funds:									
3. U.S. Growth	A	Dividend	J	T					
4. International Growth	A	Dividend	J	T					
5. Explorer Fund	A	Dividend	K	T					
6. Wellesley Fund	A	Dividend	K	T					
7. LifeGrowth Fund	A	Dividend	J	T					
8. Richland County (S.C.) hospital bonds - zero coupon		None			Redempt.	8/1	K	D	
9. Richland County (S.C.) hospital bonds - zero coupon		None	K	T					
10. Columbia (S.C.) water & sewer bonds - zero coupon		None	J	T					
11. Branch Bank and Trust Accounts (X)	A	Interest	K	T					

1. Income/Gain Codes:	A = \$1,000 or less	B = \$1,001-\$2,900	C = \$2,501-\$5,000	D = \$5,001-\$15,000	E = \$15,001-\$50,000
(See Columns B1 and D4)	F = \$50,001-\$100,000	G = \$100,001-\$1,000,000	H1 = \$1,000,001-\$6,000,000	H2 = More than \$5,000,000	
2. Value Codes:	J = \$15,000 or less	K = \$15,001-\$50,000	L = \$50,001-\$100,000	M = \$100,001-\$250,000	
(See Columns C1 and D3)	N = \$250,001-\$500,000	O = \$500,001-\$1,000,000	P1 = \$1,000,001-\$5,000,000	P2 = \$5,000,001-\$25,000,000	
	P3 = \$25,000,001-\$50,000,000		P4 = More than \$50,000,000		
3. Value Method Codes	Q = Appraisal	R = Cost (Rev. Estats. Only)	S = Assessment	T = O/RB/Market	
(See Column C2)	U = Book Value	V = Other	W = Estimated		

FINANCIAL DISCLOSURE REPORT

Name of Person Reporting

Stadd, Dennis W

Date of Report

05/12/2005

VII. ADDITIONAL INFORMATION OR EXPLANATIONS

(Indicate part of Report.)

FINANCIAL DISCLOSURE REPORT

Name of Person Reporting

Shedd, Dennis W

Date of Report

05/12/2005

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. § 501 et. seq., 5 U.S.C. § 7353, and Judicial Conference regulations.

Signature

Date

May 12, 2005

NOTE: ANY INDIVIDUAL WHO KNOWINGLY AND WILFULLY 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