

United States District Court

Middle District of Louisiana

Baton Rouge, La. 70801

Chambers of
Frank J. Polozola
Judge

August 1, 2006

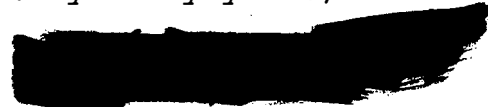
Honorable Ortrise D. Smith, Chair
Judicial Conference of the United States
Committee on Financial Disclosure
One Columbus Circle, N.E.
Washington, D.C. 20544

Re: Calendar Year 2005 Filing

Dear Judge Smith:

I have no reportable reimbursements to report in Part IV of my 2005 financial disclosure report.

Very truly yours,



Frank J. Polozola

FJP/lid
Enclosures

FINANCIAL
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FINANCIAL DISCLOSURE REPORT
FOR CALENDAR YEAR 2005

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

1. Person Reporting <i>(Last name, first, middle initial)</i> POLOZOLA, FRANK J.	2. Court or Organization U.S. District Court Middle District of Louisiana	3. Date of Report 5-8-06
4. Title <i>(Article III judges indicate active or senior status; magistrate judges indicate full- or part-time)</i> U.S. District Judge Active	5a. Report Type (check appropriate type) ___ Nomination, Date _____ ___ Initial <input checked="" type="checkbox"/> Annual ___ Final	6. Reporting Period 1-1-05 to 12-31-05
7. Chambers or Office Address 777 Florida Street Ste 313 Baton Rouge, La 70801	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: <i>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>		

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 Board of Directors	Catholic High School
2	
3	

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>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 checked="" type="checkbox"/> NONE (No reportable non-investment income.)	
1	
2	

FINANCIAL DISCLOSURE REPORT

Name of Person Reporting

POLOZOLA, FRANK J

Date of Report

5-8-06

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 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 type="checkbox"/>	NONE (No such reportable gifts.)		
1		DONATIONS made to scholarship Fund in [REDACTED] NAME of Catholic	\$
2		High School established by former law clerks. Amounts contributed by Donors is unknown	\$
3		25th Anniversary of District Judge Reception by former law clerks	\$?
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
 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. 34-60 of Instructions.)

A. Description of Assets (including trust assets) <i>Place "(X)" after each asset exempt from prior disclosure.</i>	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 POSTAL credit Union Accts	A	INT	K	T					
2 CAPITAL ONE Bank	A	INT	J	T					
3 KANSAS CITY LIFE (IRAS)	A	INT	K	T					
4 Aggressive Equity US Equity Sector									
5 MID CAP Fixed Income									
6 Large CAP									
7 (20)(money market) CHASE BANK Accts	D	INT	M	T					
8 KANSAS CITY LIFE Automatic	B	INT	K	T					
9 Aggressive Equity US Equity Sector									
10 Mid CAP Fixed Income									
11 Large CAP									
12 MCT LIFE Whole Life	A	DIV	K						
13 General Electric bonds (IRA)	A	INT	K	T	Redemption	6/15	K	None	X
14 Federal Home Loan Govt Bond (IRAs)	A	INT	K	T	Buy	6/15	K		
15 MONEY MKT MORGAN KEITHLEY Reg BANK	A	INT	J	T					

1 Income/Gain Codes: A=\$1,000 or less B=\$1,001-\$2,500 C=\$2,501-\$5,000 D=\$5,001-\$15,000 E=\$15,001-\$50,000
 (See Col. B1, D4) F=\$50,001-\$100,000 G=\$100,001-\$1,000,000 H1=\$1,000,001-\$5,000,000 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 Col. C1, 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 (real estate only) S=Assessment T=Cash/Market
 (See Col. C2) U=Book value V=Other W=Estimated

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VIII. ADDITIONAL INFORMATION OR EXPLANATIONS (Indicate part of Report.)

There is no page 2 in Part VII

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

5-8-06

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