

FINANCIAL DISCLOSURE REPORT

FOR CALENDAR YEAR 2003

*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>) Tidwell, G. Ernest	2. Court or Organization United States District Court Northern District of Georgia	3. Date of Report May 5, 2004
4. Title (<i>Article III judges indicate active or senior status; magistrate judges indicate full- or part-time</i>) Senior Judge, U.S. District Court	5. Report Type (check appropriate type) ___ Nomination, Date _____ ___ Initial <input checked="" type="checkbox"/> Annual ___ Final	6. Reporting Period 1-1-03 to 12-31-03
7. Chambers or Office Address 1967 U.S. Courthouse 75 Spring Street, S.W. Atlanta, Georgia 30303-3361	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 NOTE: The instructions accompanying this form must be followed. Complete all parts, including the NONE box, for each part when 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 checked="" type="checkbox"/>	NONE (No reportable positions.)	
1	_____	_____
2	_____	_____
3	_____	_____

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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	_____	_____

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

FINANCIAL DISCLOSURE REPORT

Name of Person Reporting

G. Ernest Tidwell

Date of Report

May 5, 2004

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
 P2=\$5,000,001-\$25,000,000 P3=25,000,001-50,000,000 P4=50,000,001 or more

FINANCIAL DISCLOSURE REPORT

Name of Person Reporting G. Ernest Tidwell	Date of Report 5-5-04
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VII. Page 1 INVESTMENTS and TRUSTS – income, value, transactions (Includes those of spouse and dependent children. See pp. 34-57 of Instructions.)

Description of Asset including investment <i>Place the value disclosure except if a prior disclosure</i>	Income		Classification		Financial Reporting Requirements				
	Code (A-H)	Type (Int, Div, etc)	Value Code (J-P)	Value Method Code (Q-W)	Div Yr Code (1-9)	Date Month Code (1-12)	Value Code (J-P)	Gain Code (A-H)	Identify Buyer/Seller (If a prior transaction)
<input type="checkbox"/> NONE (No reportable income,									
1 United States Savings Bonds	A	Int.	J	T					
2 New England Mutual Life Ins. Co.	A	Int.	J	T					
3 Georgia International Life Insurance Co.	A	Int.	J	T					
4 Jefferson Pilot Life Insurance Co.	A	Int.	J	T					
5 SunTrust Co. of Ga. (IRA Acct) CD	A	Int.	J	T					
6 Merrill Lynch Retirement Benefit Investment	B	Div.	J	T					
7 Program (IRA Acct)									
8 Fed. Employees Credit Union (IRA C.D. IRA Acct)	A	Int.	J	T					
9 Fed. Employees Credit Union (IRA C.D. IRA Acct)	A	Int.	J	T					
10 Bank of America CD	A	Int.	J	T					
11 Fee. Employees Credit Union	A	Int.	J	T					
12 Fed. Employees Credit Union (2 CD)	A	Int.	J	T					
13 Fed. Employees Credit Union (CD)	A	Int.	J	T					
14 MET Life	A	Int.	J	T					
15									
16									
17									

1 Income/Gain Codes: A=\$1,000 or less (Sec Col. B1, D4) 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: J=\$15,000 or less (See Col. C1, D3) 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 \$5,000,000	M=\$100,001-\$250,000 P2=\$5,000,001-\$25,000,000	
3 Value Method Codes: Q=Appraisal (See Col. C2) U=Book value	R=Cost (real estate only) V=Other	S=Assessment W=Estimated	T=Cash/Market	

FINANCIAL DISCLOSURE REPORT

Name of Person Reporting G. Ernest Tidwell	Date of Report 5-5-04
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VII. Page 2 INVESTMENTS and TRUSTS – income, value, transactions (Includes those of spouse and dependent children. See pp. 34-57 of Instructions.)

A Description of Assets (including trusts, etc.) <i>Place (2) after each asset exempt from prior disclosure.</i>	B Income during reporting period		C Cost value at end of reporting period		D Transactions during reporting period				
	(1) Am. Code (A-H)	(2) Type (Div., Int., etc.)	(3) Value Code (J-P)	(4) Value Method Code (Q-W)	(5) Buy/Sell/Exchange/Redemption	(6) Date Month/Day	(7) Value Code (Q-P)	(8) Gain Code (A-H)	(9) Identity of Buyer/Seller (if private transaction)
<input type="checkbox"/> NONE (No reportable income,									
1 Home Depot	A	Div.	J	T					
2 Lexington Corp. Prop. (Name changed formerly Le Peroq.)	A	Div.	J	T					
3 Merrill Lynch CMA Tax Exempt Fund	A	Div.	J	T					
4 Tax Ex. Bd. Fd. of America	C	Div.	L	T					
5 Invest. Co. of America	D	Div.	M	T					
6 Cox Communications Inc.	A	Div.	J	T					
7 Amex Tech Select in name of Custodian for [REDACTED]	A	Div.	J	T					
8 [REDACTED]									
9									
10									
11									
12									
13									
14									
15									
16									
17									

1	Income/Gain Codes: A=\$1,000 or less (See Col. B1, D4) 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: J=\$15,000 or less (See Col. C1, D3) 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 \$5,000,000	M=\$100,001-\$250,000 P2=\$5,000,001-\$25,000,000	
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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 28 U.S.C. § 453 and Judicial Conference regulations.

Signature



Date

MAY 5, 2004

NOTE: FALSIFICATION OR FAILURE 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