



UNITED STATES DISTRICT COURT

FOR THE EASTERN DISTRICT OF MICHIGAN

PORT HURON FEDERAL BUILDING

526 WATER STREET

PORT HURON, MICHIGAN 48060

CHAMBERS OF
LAWRENCE P. ZATKOFF
UNITED STATES DISTRICT JUDGE

(810) 984-3290 FT. HURON
(810) 984-1480 FT. HURON (FAX)

May 18, 2006

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

Re: Amendment to the 2005 Financial Disclosure Report

Dear Judge Smith:

I am in receipt of your letter of May 12, 2006 requesting further information for my 2005 Financial Disclosure Report.

Section VIII should reflect that I closed out the Merrill Lynch CMA and CD Account in September 2004 and transferred the money into the Citizens First Bank which is listed as Item No. 7 in Section VII.

If you require any further information please do not hesitate to contact me.

Very truly,

A large black rectangular redaction box covering the signature of Lawrence P. Zatkoff.

Lawrence P. Zatkoff
United States District Judge

**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 (last name, first, middle initial) Zatkoff, Lawrence P	2. Court or Organization U.S. District Court - ED of MI	3. Date of Report 04/03/2006
4. Title (Article III judges indicate active or senior status; magistrate judges indicate full- or part-time) Senior US District Judge-Active	5a. Report Type (check appropriate type) <input type="checkbox"/> Nomination, Date <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Annual <input type="checkbox"/> Final	6. Reporting Period 01/01/2005 to 12/31/2005
7. Chambers or Office Address 526 Water Street Port Huron, Michigan 48060	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 _____	
<p>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></p>		

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

NONE *(No reportable positions.)*

<u>POSITION</u>	<u>NAME OF ORGANIZATION/ENTITY</u>
1.	_____
2.	_____
3.	_____
4.	_____
5.	_____

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

NONE *(No reportable agreements.)*

<u>DATE</u>	<u>PARTIES AND TERMS</u>
1.	State of Michigan - I have a vested interest in a State Pension system.
2.	County of Macomb - I have a vested interest in a County Pension system.
3.	_____

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 FINANCIAL ETHICS
 DISCLOSURE

FINANCIAL DISCLOSURE REPORT

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

A. Filer's Non-Investment Income

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

<u>DATE</u>	<u>SOURCE AND TYPE</u>	<u>INCOME</u> (yours, not spouse's)
1. 2005	State of Michigan Pension	
2. 2005	County of Macomb Pension	
3.		
4.		
5.		

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.)*

<u>DATE</u>	<u>SOURCE AND TYPE</u>
1. 2005	Great Lakes Medical Evaluations - typing
2. 2005	City of Royal Oak - salary and pension
3.	
4.	
5.	

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

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

NONE *(No reportable reimbursements.)*

<u>SOURCE</u>	<u>DESCRIPTION</u>
1.	
2.	
3.	
4.	
5.	

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

NONE (No reportable gifts.)

	<u>SOURCE</u>	<u>DESCRIPTION</u>	<u>VALUE</u>
1.			\$ 0.0
2.			
3.			
4.			
5.			

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.			
2.			
3.			
4.			
5.			

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VII. INVESTMENTS and TRUSTS – income, value, transactions (includes those of the spouse and dependent children. See pp. 34-57 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, 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)
1. IRA - VanKampen Investments Comstock Fund, Inc. Class A	A	Dividend	K	T					
2. IRA - Christian Financial Credit Union, Roseville, MI	A	Dividend	J	T					
3. IRA - Salomon Smith Barney Social Awareness Fund Class A	A	Dividend	K	T					
4. U.S. Savings Bonds	A	Interest	J	T					
5. Rome Credit Union	B	Interest	K	T					
6. Comerica Bank	B	Interest	L	T					
7. Citizens First Bank	A	Interest	L	T					
8.									
9.									
10.									
11.									
12.									
13.									
14.									
15.									
16.									
17.									

1. Income Gain Codes: (See Columns B1 and D4)	A = \$1,000 or less F = \$50,001 - \$100,000 J = \$15,000 or less N = \$250,001 - \$500,000 P3 = \$25,000,001 - \$50,000,000	B = \$1,001 - \$2,500 G = \$100,001 - \$1,000,000 K = \$15,001 - \$50,000 O = \$500,001 - \$1,000,000 R = Cost (Real Estate Only) V = Other	C = \$2,501 - \$5,000 H1 = \$1,000,001 - \$5,000,000 L = \$50,001 - \$100,000 P1 = \$1,000,001 - \$5,000,000 P4 = More than \$50,000,000 S = Assessment W = Estimated	D = \$5,001 - \$15,000 H2 = More than \$5,000,000 M = \$100,001 - \$250,000 P2 = \$5,000,001 - \$25,000,000 T = Cash Market	E = \$15,001 - \$50,000
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VIII. ADDITIONAL INFORMATION OR EXPLANATIONS. *(Indicate part of Report.)*

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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



Date

4-10-06

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