AO 10 Rev. 1/2006

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)	2. Court or Organization	3. Date of Report
NELSON, THOMAS G	UNITED STATES COURT OF APPEALS	03/20/2006
4. Title (Article III judges indicate active or senior status; magistrate judges indicate full- or part-time)	5a. Report Type (check appropriate type)	6. Reporting Period
CIRCUIT JUDGE (SENIOR)	Nomination, Date Initial Annual Final	01/01/2005 to 12/31/2005
	5b. Amended Report	
7. Chambers or Office Address	8. On the basis of the information contained in this Report a modifications pertaining thereto, it is, in my opinion, in cor	
P.O. BOX 1339 BOISE, IDAHO 83701-1339	with applicable laws and regulations.	
	Reviewing Officer	Date
IMPORTANT NOTES: The instruction checking the NONE box for each part where	ns accompanying this form must be followed. Complete all par you have no reportable information. Sign on last page.	rts,
POSITIONS. (Reporting individual only; see pp. 9-13 of	instructions.)	
NONE (No reportable positions.)		
<u>POSITION</u>	NAME OF ORGA	NIZATION/ENTITY
·		
	-	
I. AGREEMENTS. (Reporting individual only; see pp.	14-16 of instructions.;	
NONE (No reportable agreements.)		
DATE	<u>PARTIES AND TERMS</u>	
		9-3
		7 × 7
		in the second se
		28 HH
		8

FINANCIAL DISCLOSU	JRE REPORT	Name of Person Reporting		Date of Report
Page 2 of 6		NELSON, THOMAS G		03/20/2006
III. NON-INVESTMENT	INCOME. (Reportin	g individual and spouse; see pp. 17-24 of instructions.)		
A. Filer's Non-Investment Inco	me	•		
X NONE (No reportable nor	n-investment income.)		,	
<u>DATE</u>		SOURCE AND TYPE		NCOME rs, not spouse's)
.				
<u>.</u>		·	* A.A. (CORNOCATIONAL)	
	_			
	- ·			
	_			
Dollar amount not required except for honorar NONE (No reportable non	ome - If you were married ia.)		ection.	
Dollar amount not required except for honorar NONE (No reportable non <u>DATE</u>	ome - If you were married ia.) -investment income.)	SOURCE AND TYPE	ection.	
Dollar amount not required except for honorar NONE (No reportable non DATE . 2005	come - If you were married ia.) i-investment income.) Idaho Family Physic	SOURCE AND TYPE	ection.	
Dollar amount not required except for honorar NONE (No reportable non DATE . 2005	ome - If you were married ia.) -investment income.)	SOURCE AND TYPE	ection.	
Dollar amount not required except for honorar NONE (No reportable non DATE . 2005	come - If you were married ia.) i-investment income.) Idaho Family Physic	SOURCE AND TYPE	ection.	
Dollar amount not required except for honorar NONE (No reportable non DATE . 2005	come - If you were married ia.) i-investment income.) Idaho Family Physic	SOURCE AND TYPE	ection.	
Dollar amount not required except for honorar NONE (No reportable non DATE . 2005	come - If you were married ia.) i-investment income.) Idaho Family Physic	SOURCE AND TYPE	ection.	
Dollar amount not required except for honorar NONE (No reportable non	come - If you were married ia.) i-investment income.) Idaho Family Physic	SOURCE AND TYPE	ection.	
Dollar amount not required except for honorar NONE (No reportable non DATE . 2005 .	come - If you were married ia.) -investment income.) Idaho Family Physic Selah Medical Grou	SOURCE AND TYPE cians p	ection.	
NONE (No reportable non DATE DATE . 2005 . 2005 V. REIMBURSEMENTS ncludes those to spouse and dependent children	Idaho Family Physics Selah Medical Ground Fransportation, lodging, for a See pp. 25-27 of instructions	SOURCE AND TYPE cians p	ection.	
NONE (No reportable non DATE DATE . 2005 . 2005 V. REIMBURSEMENTS noludes those to spouse and dependent children	Idaho Family Physics Selah Medical Ground Fransportation, lodging, for a See pp. 25-27 of instructions	SOURCE AND TYPE cians p		
NONE (No reportable non DATE DATE . 2005 . 2005 . V. REIMBURSEMENTS Includes those to spouse and dependent children NONE (No reportable rein SOURCE	Idaho Family Physics Selah Medical Ground Fransportation, lodging, for a See pp. 25-27 of instructions	SOURCE AND TYPE cians p od, entertainment.		
NONE (No reportable non DATE DATE . 2005 . 2005 V. REIMBURSEMENTS Includes those to spouse and dependent children NONE (No reportable rein	Idaho Family Physics Selah Medical Ground Fransportation, lodging, for a See pp. 25-27 of instructions	SOURCE AND TYPE cians p od, entertainment.		

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4.

5.

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Name of Person Reporting

NELSON, THOMAS G

V. GIFTS. (Includes those to spouse and dependent children. See pp. 28-31 of instructions.)							
X NONE (No reportable gifts	s.)						
<u>SOURCE</u>	DESCRIPTION	VALUE					
1.							
2.							
3.							
4.							
5.							
VI. LIABILITIES. (Includes tho:	se of spouse and dependent children. See pp. 32-34 of instructions.)						
CREDITOR	DESCRIPTION	VALUE CODE					
1. ,							
2.							
3.							
4	,						

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Date of Report

03/20/2006

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Name of Person Reporting NELSON, THOMAS G Date of Report

03/20/2006

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.)
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A. Description of Assets	Inc	B. ome during		C. ue at end of		Transacti	D.	enorting per	ind
(including trust assets)		rting period		ng period		Transactions during reporting period			
Place "(X)" after each asset	(I) Amount	(2) Type (e.g.	(1) Value	(2) Value	(1) Type (e.g.			sclosure (5)	
exempt from prior disclosure	Code I (A-H)	div., rent, or int.)	Code 2 (J-P)	Method Code 3 (Q-W)	buy, sell, merger, redemption)	Date Month - Day	Value Code 2 (J-P)	Gain Code I (A-H).	Identity of buyer/seller (if private transaction)
	,								
1. IRA ACCOUNT #1, Dain Rauscher									
2. IRA ACCOUNT #2, Dain Rauscher									
3. IRA ACCOUNT #3, Charles Schwab, Money Market Fund	С	Dividend	К	Т			1	<u> </u> - -	
4. Viro Pharma, Inc.		None	J	Т					
5. U.S. BANK - checking account #1		None	J	Т					
6. U.S. BANK - checking account #2		None	J	Т					
7. IDAHO CENTRAL CREDIT UNION - checking account #I	A	Interest	J	Т					
8. IDAHO CENTRAL CREDIT UNION - checking account #2	A	Interest	К	Т					
9.									
10.									
11.					·				
12.									
13.									
14.								٠	
15.									
16.							-		
17.									

1. Income Gain Codes: (See Columns B1 and D4)

2. Value Codes (See Columns C1 and D3)

3. Value Method Codes (See Column C2)

A =\$1,000 or less

Q =Appraisal

U =Book Value

F =\$50,00! - \$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) 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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Name of Person Reporting

NELSON, THOMAS G

Date of Report

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

As mentioned on previous reports, I am unable to divulge details of financial accounts since she refuses to disclose that information to me.

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Name of Person Reporting	Date of Report
NELSON, THOMAS G	03/20/2006

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.

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