

FINANCIAL DISCLOSURE REPORT

Calendar Year 2003

| | | |
|---|---|---|
| 1. Person Reporting (Last name, First name, Middle initial) Enright, William B | 2. Court or Organization U.S. District Court, So Calif. | 3. Date of Report 4/5/2004 |
| 4. Title (Article III Judges indicate active or senior status; magistrate judges indicate full- or part-time) U.S. District Judge – Senior | 5. Report Type (check appropriate type) <input type="radio"/> Nomination, Date <input type="radio"/> Initial <input checked="" type="radio"/> Annual <input type="radio"/> Final | 6. Reporting Period 1/1/2003 to 12/31/2003 |
| 7. Chambers or Office Address 940 Front Street, Suite 5195 San Diego, CA 92101-8914 | 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.

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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.)DATESOURCE AND TYPEGROSS INCOME

(yours, not spouse's)

1.

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)) **NONE** - (No reportable non-investment income.)DATESOURCE AND TYPE1.

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

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

 NONE - (No such reportable reimbursements.)SOURCEDESCRIPTION1.

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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. | | |

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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.)

| 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-E) | (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) |
| <input type="checkbox"/> NONE (No reportable income, assets, or transactions) | | | | | | | | | |
| 1. Keyport Life Ins. | A | Annuity | J | T | | | | | |
| 2. Blkton Associates | B | Rent | K | W | | | | | |
| 3. Merrill Lynch Money Acct | A | Interest | L | T | | | | | |
| 4. Merrill Lynch Mutual Equity Growth Acct | A | Interest | J | T | | | | | |
| 5. Merrill Lynch Muni Yield Acct | B | Interest | K | T | | | | | |
| 6. Farm acreage, Alice, ND | C | Rent | L | W | | | | | |
| 7. Wells Fargo Bank Account, C/D, IRA | A | Interest | K | T | | | | | |
| 8. Wells Fargo Bank Account, Checking | A | Interest | K | T | | | | | |
| 9. ICOS Common Stock (over the counter) | A | Dividend | J | T | | | | | |
| 10. Calif Muni Bond (Nov. 67 to Nov. 03) | A | Interest | | | redemption | 11-03 | J | A | |
| 11. Calif Health FACS (May 98 to Oct. 05) | A | Interest | K | T | | | | | |
| 12. Calif Health FACS (Jan. 94 to July 05) | A | Interest | K | T | | | | | |
| 13. Calif Univ (Oct. 93 to Sept. 06) | A | Interest | | | redemption | 9-09 | J | A | |
| 14. Calif Veteran (Dec. 00 to Dec. 06) | A | Interest | J | T | | | | | |
| 15. U.S. Treasury Certificate, Merrill Lynch | F | Interest | L | T | | | | | |
| 16. U.S. Treasury Certificate, Wells Fargo Bank | F | Interest | L | 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 Columns B1 and 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 Columns C1 and D3) | N = \$250,000-\$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 Column C2) | U = Book Value | V = Other | W = Estimated | | |

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VIII. ADDITIONAL INFORMATION OR EXPLANATIONS

(Indicate part of Report.)

Handwritten signature or initials

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

Signature _____



Date _____

4/5/04

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