

# FINANCIAL DISCLOSURE REPORT

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

Calendar Year 2003

|  |   |   |
|--|---|---|
| 1. Person Reporting (Last name, First name, Middle initial)<br>Smith, William E  | 2. Court or Organization<br>District of Rhode Island  | 3. Date of Report<br>5/3/2004                       |
| 4. Title (Article III Judges indicate active or senior status; magistrate judges indicate full- or part-time)<br>Active District Judge | 5. Report Type (check appropriate type)<br><input type="radio"/> Nomination,      Date<br><input type="radio"/> Initial <input checked="" type="radio"/> Annual <input type="radio"/> Final                               | 6. Reporting Period<br>1/1/2003<br>to<br>12/31/2003 |
| 7. Chambers or Office Address<br>US Courthouse & Federal Bldg.<br>One Exchange Terrace<br>Providence, RI 02903                         | 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.<br><br>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.)

| <u>POSITION</u>                         | <u>NAME OF ORGANIZATION/ENTITY</u> |
|---|------------------------------------|
| 1. Honorary Director                    | Rhode Island Community Food Bank   |
| 2. Director                             | Family Service of Rhode Island     |
| 3. Adjunct Faculty - 1/29/04 to present | Bryant College                     |

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

NONE - (No reportable agreements.)

| <u>DATE</u> | <u>PARTIES AND TERMS</u> |
|-------------|--------------------------|
| 1.          |                          |

**RECEIVED**  
 MAY 11 10 27 AM '04  
 FINANCIAL DISCLOSURE OFFICE

**FINANCIAL DISCLOSURE REPORT**

Name of Person Reporting

Smith, William E

Date of Report

5/3/2004

**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 TYPE

1. 2003

Metropolitan Life Insurance Company- salary  

---

**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.  

---

**FINANCIAL DISCLOSURE REPORT**

Name of Person Reporting

Smith, William E

Date of Report

5/3/2004

**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. American Express | revolving credit   | J                 |
| 2. VISA             | revolving credit   | K                 |

**FINANCIAL DISCLOSURE REPORT**  
**Page 1 of 1**

|  |                            |
|--|----------------------------|
| Name of Person Reporting<br>Smith, William E | Date of Report<br>5/3/2004 |
|--|----------------------------|

**VII. INVESTMENTS and TRUSTS** -- income, value, transactions (includes those of the spouse and dependent children. See pp. 34-57 of filing instructions.)

| A.<br>Description of Assets<br>(including trust assets)<br><br>Place "(X)" after each asset exempt<br>from prior disclosure | B.<br>Income during<br>reporting period |   | C.<br>Gross value at end of<br>reporting period |   | D.<br>Transactions during reporting period                |                                |                                 |                                    |   |
|---|---|---|---|---|---|--------------------------------|---------------------------------|------------------------------------|---|
|   | (1)<br>Amount<br>Code 1<br>(A-H)        | (2)<br>Type (e.g.<br>div. rent. or<br>int.) | (1)<br>Value<br>Code 2<br>(J-P)                 | (2)<br>Value<br>Method<br>Code 3<br>(Q-W) | (1)<br>Type (e.g.<br>buy, sell,<br>merger,<br>redemption) | If not exempt from disclosure  |                                 |                                    |   |
|   |   |   |   |   |   | (2)<br>Date:<br>Month -<br>Day | (3)<br>Value<br>Code 2<br>(J-P) | (4)<br>Gain<br>Code<br>1 (A-<br>H) | (5)<br>Identity of<br>buyer/seller<br>(if private<br>transaction) |
| <input type="checkbox"/> <b>NONE</b> (No reportable income, assets, or transactions)  |   |   |   |   |   |                                |                                 |                                    |   |
| 1. Edwards & Angell 401(k) Retirement Plan  | A                                       | Dividend                                    |   |   | rollover  |                                |                                 |                                    | TSP   |
| 2. Fidelity 529 "Unique" Plan   | A                                       | Interest                                    | J   | T   |   |                                |                                 |                                    |   |
| 3. Fidelity 529 "Unique" Plan   | A                                       | Interest                                    | 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 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                 |                               |                       |

**FINANCIAL DISCLOSURE REPORT**

Name of Person Reporting

Smith, William E

Date of Report

5/3/2004

**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 \_\_\_\_\_

5/5/04

**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