

**FINANCIAL DISCLOSURE REPORT
FOR CALENDAR YEAR 2004**

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) Bauer, William, J. | | 2. Court or Organization United States Court of Appeals for the Seventh Circuit | | 3. Date of Report 4/25/05 | |
| 4. Title (Article III judges indicate active or senior status; magistrate judges indicate full- or part-time) Senior Status | | 5. Report Type (check appropriate type) ___ Nomination, Date _____ ___ Initial <input checked="" type="checkbox"/> Annual ___ Final | | 6. Reporting Period 1/1/04 - 12/31/04 | |
| 7. Chambers or Office Address 219 South Dearborn Street Room 2754 Chicago, IL 60604 | | 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 Instructions.)

| POSITION | NAME OF ORGANIZATION/ENTITY |
|--|--|
| <input type="checkbox"/> NONE (No reportable positions.) | |
| 1 Trustee | Emhurst College, Elmhurst, Illinois |
| 2 Trustee | Emhurst Hospital, Elmhurst, Illinois |
| 3 Trustee | DePaul University, Chicago, Illinois |
| 4 Board of Advisors | Mercy Hospital, Chicago, Illinois |
| 5 Board of Advisors | Willamette Trial Program, Salem, Oregon |
| 6 Board of Governors | Illinois St. Andrew's Society, North Riverside, Illinois |

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

| DATE | PARTIES AND TERMS |
|--|-------------------|
| <input checked="" type="checkbox"/> NONE (No reportable agreements.) | |
| 1 _____ | |
| 2 _____ | |

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

| DATE | SOURCE AND TYPE | GROSS INCOME |
|--|---|--------------|
| A. Filer's Non-Investment Income | | |
| <input type="checkbox"/> NONE (No reportable non-investment income.) | | |
| 1 _____ | Foundation Press (Casebook royalty) | \$ 1,791.00 |
| 2 _____ | Willamette University College of Law (Teaching) | \$ 2,200.00 |
| 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 _____ | |

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|--|----------------------------------|
| Name of Person Reporting BAUER, William J. | Date of Report 4/25/05 |
|--|----------------------------------|

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 type="checkbox"/> | NONE (No such reportable reimbursements.) | |
| 1 | Willamette University (teaching) Salem, Oregon | Airfare, rental car, cabs - January 7, 2004 - January 16, 2004 |
| 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 type="checkbox"/> | NONE (No such reportable gifts.) | | |
| 1 | Union League Club | Partial Honorary Membership | \$ 1,728.00 h |
| 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-\$0,000,001 or more

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Name of Person Reporting

BAUER, William J.

Date of Report

4/25/05

VII. Page 1 INVESTMENTS and TRUSTS – income, value, transactions (Includes those of spouse and dependent children. See pp. 34-60 of Instructions.)

| A Description of Assets (including trust assets) <i>Place "(X)" after each asset exempt from prior disclosure</i> | B Income during reporting period | | C Gross value at end of reporting period | | D Transactions during reporting period | | | | |
|--|--|---|---|-----------------------------------|---|--------------------------------|--------------------------------|-------------------------------|--|
| | (1) | (2) | (1) | (2) | (1) | If not exempt from disclosure: | | | |
| | Am't Code1 (A-H) | Type (e.g., div- rent or int) | Value Code2 (J-P) | Value Method Code3 (Q-W) | Type (e.g., buy, sell, mrgcr, redemption) | (2) Date: Month- Day | (3) Value Code2 (J-P) | (4) Gain Code1 (A-H) | (5) Identity of buyer/seller (if private transaction) |
| <input type="checkbox"/> NONE (No reportable income, assets, or transactions.) | | | | | | | | | |
| 1 Accounts (Fifth Third Bank, previously Old Kent Bank) | E | int. | M | T | | | | | |
| 2 Western & Southern Life Assurance Annuity | A | int. | M | T | | | | | |
| 3 General Electric Capital Assurance Annuity | A | int. | K | T | | | | | |
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|---|--|---|--|--|--|---------------------|
| 1 | Income/Gain Codes (See Col. B1, D4) | A=\$1,000 or less 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 (See Col. C1, D3) | J=\$15,000 or less 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 (See Col. C2) | Q=Appraisal U=Book value | R=Cost (real estate only) V=Other | S=Assessment W=Estimated | T=Cash/Market | |

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

I received, through the estate of my late [REDACTED] of ICH Corporation, for which I can find no market value.

Nevertheless, the stock is listed in my name.

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

[REDACTED]

Date April 25, 2005

NOTE: ANY INDIVIDUAL WHO KNOWINGLY AND WILLFULLY 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