

**COPY**

United States District Court  
Middle District of Florida  
United States Courthouse  
801 No. Florida Avenue  
Tampa, Florida 33602-3800

William J. Castagna  
Senior United States District Judge

Area Code 813  
301-5935

August 16, 2006

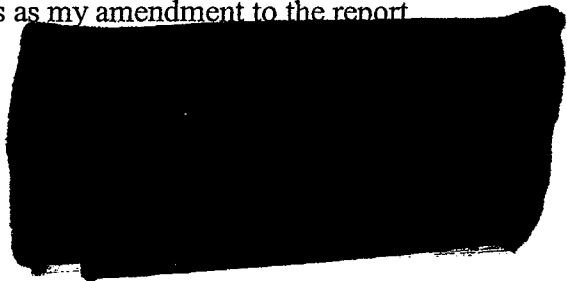
Hon. Ortrie D. Smith  
Judicial Conference of the U.S.  
Committee on Financial Disclosure  
One Columbus Circle N.E.  
Washington, D.C. 20544

Dear Chairman Smith:

I have your letter of July 20, 2006 advising of an omission in my 2005 Financial Disclosure Report.

The date to be inserted in Part IX of the submitted report after my signature is "5/5/06".

Please consider this as my amendment to the report



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AO-10 (WP)  
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)  Castagna, William J.		2. Court or Organization  U.S. District Court		3. Date of Report  5/5/06	
4. Title (Article III judges indicate active or senior status; magistrate judges indicate full- or part-time)  Senior Status		5a. Report Type (check appropriate type) ___ Nomination, Date _____ ___ Initial <input checked="" type="checkbox"/> Annual ___ Final		6. Reporting Period 01/01/05 to 12/31/05	
		5b. ___ Amended Report			
7. Chambers or Office Address U.S. Courthouse, Room 301 611 N. Florida Avenue Tampa, FL 33602		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 checked="" type="checkbox"/> NONE (No reportable positions.)	
1	
2	
3	

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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	
A. Filer's Non-Investment Income		
<input checked="" type="checkbox"/> NONE (No reportable non-investment income.)		
1		\$
2		\$
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	

**FINANCIAL DISCLOSURE REPORT**

Name of Person Reporting Castagna, William J.	Date of Report 5/5/06
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**IV. REIMBURSEMENTS** - transportation, lodging, food, entertainment.  
(Includes those to spouse and dependent children. See pp. 25-27 of Instructions.)

SOURCE	DESCRIPTION
<input type="checkbox"/> NONE (No such reportable reimbursements.)	
1 Florida Bar Association	\$336 June 23, 24, Orlando, FL, FL Bar Association,
2	Judicial Roundtable
3 U.S. District Court Middle District of Florida	\$734 Sept. 14-16, Amelia Island, FL, District Court Mtg.
4	
5	
6	
7	

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

SOURCE	DESCRIPTION	VALUE
<input checked="" type="checkbox"/> NONE (No such reportable gifts.)		
1		\$
2		\$
3		\$
4		\$

**VI. LIABILITIES.** (Includes those of spouse and dependent children See pp. 32-33 of Instructions.)

CREDITOR	DESCRIPTION	VALUE CODE*
<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=\$50,000,001 or more

**FINANCIAL DISCLOSURE REPORT**

Name of Person Reporting

Castagna, William J.

Date of Report

5/5/06

**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			
	Amt. Code1 (A-H)	Type (e.g., div., rent or int.)	Value Code2 (J-P)	Value Method Code3 (Q-W)	Type (e.g., buy, sell, merger, 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 Merrill Lynch Money Acct	A	Interest	K	T					
2 AmSouth Checking Acct	A	Interest	J	T					
3 Capital One CD	C	Interest	L	T					
4 Provident Bank CD	D	Interest	M	T					
5 Virtual Bank CD	B	Interest	L	T					
6 AXA ADR Common	A	Dividend	J	T					
7 Trust #L AmSouth Bank	A	Interest	J	T					
8 Corus Bank CD	A	Interest	F	T	Buy	11-5	F		
9 Corus Bank CD	A	Interest	F	T	Buy	11-5	F		
10									
11									
12									
13									
14									
15									
16									
17									

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	

# FINANCIAL DISCLOSURE REPORT

Name of Person Reporting

Castagna, William J.

Date of Report

5/5/-6

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

## 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

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