

**FINANCIAL DISCLOSURE REPORT  
FOR CALENDAR YEAR 2007**

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

|  |   |  |
|--|---|--|
| <b>1. Person Reporting</b> (last name, first, middle initial)<br><br>COLLIER, LACEY A  | <b>2. Court or Organization</b><br><br>NORTHERN DISTRICT OF FLORIDA   | <b>3. Date of Report</b><br><br>05/14/2008                       |
| <b>4. Title</b> (Article III judges indicate active or senior status; magistrate judges indicate full- or part-time)<br><br>U.S. District Judge (Senior) | <b>5a. Report Type</b> (check appropriate type)<br><input type="checkbox"/> Nomination,                      Date<br><input type="checkbox"/> Initial <input checked="" type="checkbox"/> Annual <input type="checkbox"/> Final<br><b>5b.</b> <input type="checkbox"/> Amended Report | <b>6. Reporting Period</b><br><br>01/01/2007<br>to<br>12/31/2007 |
| <b>7. Chambers or Office Address</b><br><br>UNITED STATES COURTHOUSE<br>ONE North Palafox St.<br>PENSACOLA, FL. 32502                                    | <b>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.</b><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. Trustee  | Naval Aviation Museum Foundation                                 |
| 2. Member - Sacred Heart Hospital Pensacola Board | Sacred Heart Hospital  |
| 3. Trustee, Chairman                              | Community Maritime Park Associates, Inc                          |
| 4. Trustee  | University of West Florida Foundation                            |
| 5. Member, Board of Directors                     | Florida State University College of Medicine, West Florida, Inc. |

**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. _____    | _____                    |
| 2. _____    | _____                    |
| 3. _____    | _____                    |

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Name of Person Reporting

COLLIER, LACEY A

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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.)*

| <u>DATE</u> | <u>SOURCE AND TYPE</u>        | <u>INCOME</u><br><i>(yours, not spouse's)</i> |
|-------------|-------------------------------|---|
| 1. 2007     | State of Florida (retirement) | \$ 28,510                                     |
| 2.          |                               |   |
| 3.          |                               |   |
| 4.          |                               |   |

**B. Spouse's Non-Investment Income -** *If you were married during any portion of the reporting year, complete this section.*

*(Dollar amount not required except for honoraria.)*

NONE *(No reportable non-investment income.)*

| <u>DATE</u> | <u>SOURCE AND TYPE</u> |
|-------------|------------------------|
| 1.          |                        |
| 2.          |                        |
| 3.          |                        |
| 4.          |                        |

**IV. REIMBURSEMENTS** – *transportation, lodging, food, entertainment.*

*(Includes those to spouse and dependent children; see pp. 25-27 of filing instructions.)*

NONE *(No reportable reimbursements.)*

| <u>SOURCE</u> | <u>DATES</u> | <u>LOCATION</u> | <u>PURPOSE</u> | <u>ITEMS PAID OR PROVIDED</u> |
|---------------|--------------|-----------------|----------------|-------------------------------|
| 1.            |              |                 |                |                               |
| 2.            |              |                 |                |                               |
| 3.            |              |                 |                |                               |
| 4.            |              |                 |                |                               |
| 5.            |              |                 |                |                               |

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**V. GIFTS.** *(Includes those to spouse and dependent children; see pp. 28-31 of filing instructions.)*

NONE *(No reportable gifts.)*

|    | <u>SOURCE</u> | <u>DESCRIPTION</u> | <u>VALUE</u> |
|----|---------------|--------------------|--------------|
| 1. | _____         | _____              | _____        |
| 2. | _____         | _____              | _____        |
| 3. | _____         | _____              | _____        |
| 4. | _____         | _____              | _____        |
| 5. | _____         | _____              | _____        |

**VI. LIABILITIES.** *(Includes those of spouse and dependent children; see pp. 32-33 of filing instructions.)*

NONE *(No reportable liabilities.)*

|    | <u>CREDITOR</u> | <u>DESCRIPTION</u> | <u>VALUE CODE</u> |
|----|-----------------|--------------------|-------------------|
| 1. | _____           | _____              | _____             |
| 2. | _____           | _____              | _____             |
| 3. | _____           | _____              | _____             |
| 4. | _____           | _____              | _____             |
| 5. | _____           | _____              | _____             |

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**VII. INVESTMENTS and TRUSTS** – income, value, transactions (Includes those of spouse and dependent children; see pp. 34-60 of filing instructions.)

NONE (No reportable income, assets, or transactions.)

| A.<br>Description of Assets<br>(including trust assets)<br><br>Place "(X)" after each asset<br>exempt 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,<br>or 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>redemption) | (2)<br>Date<br>Month -<br>Day | (3)<br>Value<br>Code 2<br>(J-P) | (4)<br>Gain<br>Code 1<br>(A-H) | (5)<br>Identity of<br>buyer/seller<br>(if private<br>transaction) |

|                                      |   |          |   |   |  |  |  |  |  |
|--------------------------------------|---|----------|---|---|--|--|--|--|--|
| 1. Legg Mason Value Trust            | A | Dividend | M | T |  |  |  |  |  |
| 2. NFCU Share Savings Acct.          | A | Interest | J | T |  |  |  |  |  |
| 3. American Skiing Company Stock (Y) |   |          |   |   |  |  |  |  |  |
| 4. Suntrust Bank Accounts            | A | Interest | L | T |  |  |  |  |  |
| 5.                                   |   |          |   |   |  |  |  |  |  |
| 6.                                   |   |          |   |   |  |  |  |  |  |
| 7.                                   |   |          |   |   |  |  |  |  |  |
| 8.                                   |   |          |   |   |  |  |  |  |  |
| 9.                                   |   |          |   |   |  |  |  |  |  |
| 10.                                  |   |          |   |   |  |  |  |  |  |
| 11.                                  |   |          |   |   |  |  |  |  |  |
| 12.                                  |   |          |   |   |  |  |  |  |  |
| 13.                                  |   |          |   |   |  |  |  |  |  |
| 14.                                  |   |          |   |   |  |  |  |  |  |
| 15.                                  |   |          |   |   |  |  |  |  |  |
| 16.                                  |   |          |   |   |  |  |  |  |  |
| 17.                                  |   |          |   |   |  |  |  |  |  |

|  |  |  |   |   |                         |
|--|--|--|---|---|-------------------------|
| 1. Income Gain Codes:<br>(See Columns B1 and D4) | A = \$1,000 or less<br>F = \$50,001 - \$100,000<br>J = \$15,000 or less<br>N = \$250,001 - \$500,000<br>P3 = \$25,000,001 - \$50,000,000 | B = \$1,001 - \$2,500<br>G = \$100,001 - \$1,000,000<br>K = \$15,001 - \$50,000<br>O = \$500,001 - \$1,000,000<br>R = Cost (Real Estate Only)<br>V = Other | C = \$2,501 - \$5,000<br>H1 = \$1,000,001 - \$5,000,000<br>L = \$50,001 - \$100,000<br>P1 = \$1,000,001 - \$5,000,000<br>P4 = More than \$50,000,000<br>S = Assessment<br>W = Estimated | D = \$5,001 - \$15,000<br>H2 = More than \$5,000,000<br>M = \$100,001 - \$250,000<br>P2 = \$5,000,001 - \$25,000,000<br>T = Cash Market | E = \$15,001 - \$50,000 |
|--|--|--|---|---|-------------------------|

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

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

Signature \_\_\_\_\_

A large black rectangular redaction box covers the signature area.

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