

**FINANCIAL DISCLOSURE REPORT
FOR CALENDAR YEAR 2006**

1. Person Reporting (<i>Last name, first, middle initial</i>) Katzmann, Robert A.		2. Court or Organization U.S. Court of Appeals - 2d Circuit	3. Date of Report 5/1/07
4. Title (<i>Article III judges indicate active or senior status; magistrate judges indicate full- or part-time</i>) Judge - Active	5a. Report Type (check appropriate type) ___ Nomination, Date _____ ___ Initial <input checked="" type="checkbox"/> Annual ___ Final		6. Reporting Period 1/1/06 - 12/31/06
	5b. ___ Amended Report		
7. Chambers or Office Address 40 Foley Square New York, NY 10007		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

NONE (No reportable positions.)

1 Director (unpaid) The Governance Institute

2 Lecturer New York University School of Law

3

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

DATE

PARTIES AND TERMS

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

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)

NONE (No reportable non-investment income.)

1

2

RECEIVED
2007 MAY - 7 11 A 10: 26
FINANCIAL
DISCLOSURE OFFICE
INCOME

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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	Georgetown University Law Center 4/3 - 4/4, 2006	Room, travel, food
2	Georgetown University Law Center (Board of Visitors	
3	Meeting) 4/18 - 4/23, 2006	Room, travel, food
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 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.)*

	<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=\$50,000,001 or more

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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-F)	Type (e.g. div, real, 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 TIAA/CREF Pension		None	M	T					
2 TIAA/CREF SRA		None	L	T					
3 Vanguard 403(b)(7) - Explorer Fund		None	M	T					
4 - Index Fund (500 Fund)									
5 - High Yield									
6 Vanguard NY LT Tax-Exempt Fund	C	Div.	L	T					
7 Salomon Smith Barney IRA - Appreciation Fund		None	K	T					
8 - Natural Resources Fund									
9 Chase Manhattan Bank	A	Int.	J	T					
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 H=\$5,001-\$15,000 I=\$15,001-\$50,000	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 P1=\$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 \$50,000,000	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	

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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 5/1/07

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