

COPY

**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 name, Middle initial) Lindsay, Sam A | 2. Court or Organization United States District Court | 3. Date of Report 5/13/2005 |
| 4. Title (Article III Judges indicate active or senior status; magistrate judges indicate full- or part-time) U.S. District Judge - active | 5. Report Type (check appropriate type) <input type="radio"/> Nomination Date <input checked="" type="radio"/> Initial <input checked="" type="radio"/> Annual <input type="radio"/> Final | 6. Reporting Period 1/1/2004 to 12/31/2004 |
| 7. Chamber or Office Address 1100 Commerce Street Room 1312 Dallas, Texas 75242 | 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 filing instructions)

NONE - (No reportable positions.)

| <u>POSITION</u> | <u>NAME OF ORGANIZATION/ENTITY</u> |
|-----------------|---|
| 1. Trustee | The Center for American and International Law |

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. | |

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Name of Person Reporting

Lindsay, Sam A

Date of Report

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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.)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. 2004

First Baptist Academy

IV. REIMBURSEMENTS - (transportation, lodging, food, entertainment.)

(Includes those to spouse and dependent children. See pp. 25-27 of instructions.)

 NONE - (No such reportable reimbursements.)SOURCEDESCRIPTION

1. _____

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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. MBNA American Bank | credit card | K |

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|--|-----------------------------|
| Name of Person Reporting Lindsay, Sam A | Date of Report 5/13/2005 |
|--|-----------------------------|

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

| A. Description of Assets (including trust assets) Place "X" after each asset exempt from prior disclosure | B. Income during reporting period | | C. Gross value at end of reporting period | | D. Transactions during reporting period | | | | |
|---|---|--|---|---|---|--------------------------------|---------------------------------|------------------------------------|---|
| | (1) Amount Code 1 (A-H) | (2) Type (e.g. div. rent or int.) | (1) Value Code 2 (J-P) | (2) Value Method Code 3 (Q-W) | (1) Type (e.g. buy, sell, merger, redemption) | If not exempt from disclosure | | | |
| | | | | | | (2) Date: Month - Day | (3) Value Code 2 (J-P) | (4) Gain Code 1 (A- H) | (5) Identity of buyer/seller (if private transaction) |
| <input type="checkbox"/> NONE (No reportable income, assets, or transactions) | | | | | | | | | |
| 1. Washington Mutual Investors Fund, Inc. (IRA) | D | Dividend | L | T | Partial Sale | 1-8 | J | A | |
| 2. | | | | | Partial Sale | 8-26 | J | A | |
| 3. | | | | | Partial Sale | 11-9 | J | A | |
| 4. Atlantic Federal Credit Union Savings Account | A | Interest | J | T | | | | | |
| 5. Atlantic Richfield Retirement Plan | A | None | M | T | | | | | |

| | | | | | |
|--|---|--|---|--|-----------------------|
| 1. Income/Gain Codes: (See Columns B1 and D4) | A = \$1,000 or less F = \$50,001-\$100,000 | B = \$1,001-\$2,500 G = \$100,001-\$1,000,000 | C = \$2,901-\$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 Columns C1 and D3) | J = \$15,000 or less N = \$250,000-\$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 \$50,000,000 | M = \$100,001-\$250,000 P2 = \$5,000,001-\$25,000,000 | |
| 3. Value Method Codes (See Column C2) | Q = Appraisal U = Book Value | R = Cost (Real Estate Only) V = Other | S = Assessment W = Estimated | T = Cash/Marker | |

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VIII. ADDITIONAL INFORMATION OR EXPLANATIONS

(Indicate part of Report.)

None

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

Signature

Date

May 13, 2005

NOTE: FULLY 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