

**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) Taylor,, Anna D	2. Court or Organization USDC, ED of MI, Southern Div.	3. Date of Report 4/15/2005
4. Title (Article III Judges indicate active or senior status; magistrate judges indicate full- or part-time) Senior USDC Judge	5. Report Type (check appropriate type) <input type="radio"/> Nomination, Date <input type="radio"/> Initial <input checked="" type="radio"/> Annual <input type="radio"/> Final	6. Reporting Period 1/1/2004 to 12/31/2004
7. Chambers or Office Address 231 West Lafayette, Suite 619 Theodore Levin U.S.Ct hse Detroit, Mi 48226	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 & Vice Chair	Henry Ford Health System
2. Trustee & Secretary	Community Foundation for Southeastern Michigan
3. Trustee Emeritus	Detroit Institute of Arts

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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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.		

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

Part VII. Page 1 Investments and Trusts --income, value, transactions

#2. IDS Mutual Fund: The name of the particular funds invested are (1) The A&P New Dimension Fund, Class A, and (2) The A&P Managed Allocation Fund, Class A.

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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

April 15, 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