

**FINANCIAL DISCLOSURE REPORT  
FOR CALENDAR YEAR 2017**

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

<b>1. Person Reporting (last name, first, middle initial)</b> Kopf, Richard G.	<b>2. Court or Organization</b> United States District Court, District of Nebraska	<b>3. Date of Report</b> 07/18/2018
<b>4. Title (Article III judges indicate active or senior status; magistrate judges indicate full- or part-time)</b> Article III Judge--Senior Status	<b>5a. Report Type (check appropriate type)</b> <input type="checkbox"/> Nomination <input type="checkbox"/> Date <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Annual <input type="checkbox"/> Final	<b>6. Reporting Period</b> 01/01/2017 to 12/31/2017
	<b>5b.</b> <input checked="" type="checkbox"/> Amended Report	
<b>7. Chambers or Office Address</b> 561A Federal Building 100 Centennial Mall North Lincoln, Nebraska 68508		
<b>IMPORTANT NOTES:</b> <i>The instructions accompanying this form must be followed. Complete all parts, checking the NONE box for each part where you have no reportable information.</i>		

**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. Chairman of the Board	Historical Society of the United States Courts in the Eighth Circuit
2. Attorney-in-Fact-1	Holder of Power of Attorney
3. Attorney-in-Fact-2	Holder of Power of Attorney
4.	
5.	

**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.	

**FINANCIAL DISCLOSURE REPORT**

Page 2 of 6

Name of Person Reporting

**Kopf, Richard G.**

Date of Report

07/18/2018

**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> (yours, not spouse's)
1.			
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.					

**FINANCIAL DISCLOSURE REPORT**

Page 3 of 6

Name of Person Reporting

**Kopf, Richard G.**

Date of Report

07/18/2018

**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.			

# FINANCIAL DISCLOSURE REPORT

Name of Person Reporting

Kopf, Richard G.

Date of Report

07/18/2018

## 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. 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, redemption)	(2) Date mm/dd/yy	(3) Value Code 2 (J-P)	(4) Gain Code 1 (A-H)	(5) Identity of buyer/seller (if private transaction)

1. Wells Fargo Bank, Lincoln, NE (Cash)	A	Int./Div.	M	T					
2. AXA/Equitable Life Insurance (Variable Life-Incentive) (H)									
3. --guaranteed interest account	C	Int./Div.			Closed	6/13/17	K		
4. --AXA moderate allocation	C	Int./Div.			Closed	6/13/17	L		
5. AXA/Equitable Life Insurance (Annuity Contract-IRA) (H)									
6. --Guaranteed Interest Account	D	Int./Div.	J	T	Open	6/13/17	J		
7.					Distributed (part)	7/15/17	J	D	
8. --AXA moderate allocation		None			Closed	6/13/17	J		
9. Jackson National Life Perspective II Fixed and Variable Annuity (H)					Open	7/15/17	M		
10. --JNL/DoubleLine CoreFxdInc	A	Int./Div.	K	T	Open	7/15/17	K		
11. --JNL/PPM America High YieldBD	A	Int./Div.	K	T	Open	7/15/17	K		
12. --JNL/Core Plus Bond	A	Int./Div.	J	T	Open	7/15/17	J		
13. --JNL America Growth, Inc.	A	Int./Div.	K	T	Open	7/15/17	K		
14. --JNL/MC Sm Cap Index	A	Int./Div.	K	T	Open	7/15/17	K		
15. --JNL/T. Rowe Price MidCapeGr	A	Int./Div.	K	T	Open	7/15/17	K		
16. --JNL/Black Rock Gbl Alloc	A	Int./Div.	K	T	Open	7/15/17	K		
17.									

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 = \$2,501 - \$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 Columns C1 and 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 Column C2)	Q = Appraisal U = Book Value	R = Cost (Real Estate Only) V = Other	S = Assessment W = Estimated	T = Cash Market	

**FINANCIAL DISCLOSURE REPORT**

Page 5 of 6

<b>Name of Person Reporting</b> <b>Kopf, Richard G.</b>	<b>Date of Report</b> 07/18/2018
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**VIII. ADDITIONAL INFORMATION OR EXPLANATIONS.** *(Indicate part of report.)*

For tracing and related purposes, I advise the Committee as follows: Firstly, my spouse surrendered her interest in the AXA Equitable Life Insurance Plan (lines 2-4, Column A, Part VII). There was no gain because the original investment (basis) was more than the final total distribution and thus there was a loss. Secondly, my spouse changed the allocation to the guaranteed interest account and then surrendered part of her holding in the AXA/Equitable IRA (lines 5-6, Column A, Part VII). Thirdly, the proceeds from these surrenders, plus additional cash from joint savings, were used by my spouse to acquire the Jackson National Life product (lines 7-14, Column A, Part VII).

For this Amended Report, I appreciate the assistance of the Financial Reports Examiner who spoke with me on July 18, 2018, and upon whom I have relied in completing this Amended Report. She was very patient and helpful.

# FINANCIAL DISCLOSURE REPORT

Page 6 of 6

Name of Person Reporting

**Kopf, Richard G.**

Date of Report

07/18/2018

## 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: **s/ Richard G. Kopf**

**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)**

Committee on Financial Disclosure  
Administrative Office of the United States Courts  
Suite 2-301  
One Columbus Circle, N.E.  
Washington, D.C. 20544