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AO-10T
Rev. 03/2023

FINANCIAL DISCLOSURE
PERIODIC TRANSACTION REPORT

Report Required by the Ethics in Government Act of 1978 (5 U.S.C. §§ 13101-13111)

** indicates required fields*

*1. First Name	*2. Middle Initial	*3. Last Name	4. Suffix
Sherri	A	Lydon	
*5. Title	*6. District/Court/Unit		*7. Circuit
District Judge	SOUTH CAROLINA		04
8. Report Type	9. Calendar Year	*10. Date Filed	11. Check box if amending prior report and enter date of prior submission.
Periodic Transaction Report	2025	11/22/2025	
*12. Date of First Transaction on this Report		*13. Date of Last Transaction on this Report	
11/07/2025		11/07/2025	

TRANSACTIONS

Any purchase, sale, or exchange that exceeds $1,000 in stocks, bonds, commodities futures, and other securities (Includes those of spouse and dependent children)

A. Description of Assets	B. Transaction Type	C. Date of Transaction	D. Date Notified of Transaction	E. Amount of Transaction
1. United Parcel Service	Buy	11/07/2025	11/08/2025	$50,001 - $100,000
2.				
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TRANSACTIONS *Any purchase, sale, or exchange that exceeds $1,000 in stocks, bonds, commodities futures, and other securities (Includes those of spouse and dependent children)*

First Name Sherri	Middle Initial A	Last Name Lydon	Suffix

A. Description of Assets	B. Transaction Type	C. Date of Transaction	D. Date Notified of Transaction	E. Amount of Transaction
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TRANSACTIONS *Any purchase, sale, or exchange that exceeds $1,000 in stocks, bonds, commodities futures, and other securities (Includes those of spouse and dependent children).*

First Name Sherri	Middle Initial A	Last Name Lydon	Suffix

A. Description of Assets	B. Transaction Type	C. Date of Transaction	D. Date Notified of Transaction	E. Amount of Transaction
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TRANSACTIONS *Any purchase, sale, or exchange that exceeds $1,000 in stocks, bonds, commodities futures, and other securities (Includes those of spouse and dependent children).*

First Name Sherri	Middle Initial A	Last Name Lydon	Suffix

A. Description of Assets	B. Transaction Type	C. Date of Transaction	D. Date Notified of Transaction	E. Amount of Transaction
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First Name Sherri	Middle Initial A	Last name Lydon	Suffix

ADDITIONAL INFORMATION OR EXPLANATIONS

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.

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. § 13106)

**SIGNATURE:*

s/ Sherri A Lydon

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☐ **Bypass form audit. Please review highlighted items to assure no changes are required. If changes are not required, you MUST provide an explanation above in the Additional Information or Explanations section.**

Reset

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