

**FINANCIAL DISCLOSURE REPORT
FOR CALENDAR YEAR 2010**

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

| | | |
|--|--|--|
| 1. Person Reporting (last name, first, middle initial) Senter, Jr., Lyonel T. | 2. Court or Organization District Court | 3. Date of Report 04/07/2011 |
| 4. Title (Article III judges indicate active or senior status; magistrate judges indicate full- or part-time) U. S. District Judge - Senior | 5a. Report Type (check appropriate type) <input type="checkbox"/> Nomination, Date <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Annual <input type="checkbox"/> Final 5b. <input type="checkbox"/> Amended Report | 6. Reporting Period 01/01/2010 to 12/31/2010 |
| 7. Chambers or Office Address Suite 514 2012 15th Street Gulfport, MS 39501 | 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 _____ | |
| <p align="center">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.</p> | | |

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. | | |
| 2. | | |
| 3. | | |
| 4. | | |
| 5. | | |

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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. | | |

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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.)

| <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. | | | | |

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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. | GMAC, Midland, TX | Installment Note | K |
| 2. | Huntington National Bank, Columbus, OH | Installment Note | K |
| 3. | | | |
| 4. | | | |
| 5. | | | |

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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) | (2) | (1) | (2) | (1) | (2) | (3) | (4) | (5) |
| | Amount Code 1 (A-H) | Type (e.g., div., rent, or int.) | Value Code 2 (I-P) | Value Method Code 3 (Q-W) | Type (e.g., buy, sell, redemption) | Date mm/dd/yy | Value Code 2 (I-P) | Gain Code 1 (A-I) | Identity of buyer/seller (if private transaction) |
| 1. Mass. Investors Trust | A | Dividend | J | T | | | | | |
| 2. Overriding Royalty–Nat. Gas Well– Aberdeen, MS | A | Royalty | J | W | | | | | |
| 3. Undeveloped Lot–Aberdeen, MS | | None | J | W | | | | | |
| 4. Undeveloped Property–Monroe County, MS | | None | K | W | | | | | |
| 5. Roy. Int. Nat. Gas Well–Monroe County, MS | A | Royalty | J | W | | | | | |
| 6. Bank of Mississippi | B | Interest | L | T | | | | | |
| 7. National Bank of Commerce | B | Interest | K | T | | | | | |
| 8. GE Capital Bond (x) | B | Interest | K | T | | | | | |
| 9. Lincoln National Life Insurance Co. (x) | C | Interest | L | T | | | | | |
| 10. | | | | | | | | | |
| 11. | | | | | | | | | |
| 12. | | | | | | | | | |
| 13. | | | | | | | | | |
| 14. | | | | | | | | | |
| 15. | | | | | | | | | |
| 16. | | | | | | | | | |
| 17. | | | | | | | | | |

1. Income Gain Codes: (See Columns B1 and D4)
 2. Value Codes (See Columns C1 and D3)
 3. Value Method Codes (See Column C2)

A = \$1,000 or less
 F = \$50,001 - \$100,000
 J = \$15,000 or less
 N = \$250,001 - \$500,000
 P3 = \$25,000,001 - \$50,000,000
 Q = Appraisal
 U = Book Value

B = \$1,001 - \$2,500
 G = \$100,001 - \$1,000,000
 K = \$15,001 - \$50,000
 O = \$500,001 - \$1,000,000
 R = Cost (Real Estate Only)
 V = Other

C = \$2,501 - \$5,000
 H1 = \$1,000,001 - \$5,000,000
 L = \$50,001 - \$100,000
 P1 = \$1,000,001 - \$5,000,000
 P4 = More than \$50,000,000
 S = Assessed
 W = Estimated

D = \$5,001 - \$15,000
 H2 = More than \$5,000,000
 M = \$100,001 - \$250,000
 P2 = \$5,000,001 - \$25,000,000
 T = Cash Market

E = \$15,001 - \$50,000

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| | |
|---|-------------------------------------|
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|---|-------------------------------------|

VIII. ADDITIONAL INFORMATION OR EXPLANATIONS. *(Indicate part of report.)*

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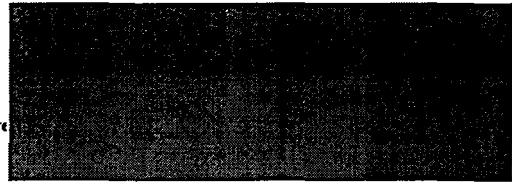
| | |
|---|-------------------------------------|
| Name of Person Reporting Senter, Jr., Lyonel T. | Date of Report 04/07/2011 |
|---|-------------------------------------|

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



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)

Committee on Financial Disclosure
Administrative Office of the United States Courts
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