

# FINANCIAL DISCLOSURE REPORT FOR CALENDAR YEAR 2018

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><br><br>Walker, Robert H.                                                                                                                    | <b>2. Court or Organization</b><br><br>Southern District of Mississippi                                                                                                                                                                | <b>3. Date of Report</b><br><br>06/23/2020                       |
| <b>4. Title (Article III judges indicate active or senior status; magistrate judges indicate full- or part-time)</b><br><br>Magistrate Judge                                                              | <b>5a. Report Type (check appropriate type)</b><br><br><input type="checkbox"/> Nomination <input type="checkbox"/> Date<br><input type="checkbox"/> Initial <input checked="" type="checkbox"/> Annual <input type="checkbox"/> Final | <b>6. Reporting Period</b><br><br>01/01/2018<br>to<br>12/31/2018 |
|                                                                                                                                                                                                           | <b>5b.</b> <input checked="" type="checkbox"/> Amended Report                                                                                                                                                                          |                                                                  |
| <b>7. Chambers or Office Address</b><br><br>2012 15th Street<br>Suite 870<br>Gulfport, Mississippi 39501                                                                                                  |                                                                                                                                                                                                                                        |                                                                  |
| <p align="center"><b>IMPORTANT NOTES:</b> The instructions accompanying this form must be followed. Complete all parts, checking the NONE box for each part where you have no reportable information.</p> |                                                                                                                                                                                                                                        |                                                                  |

## I. POSITIONS. (Reporting individual only; see pp. 9-13 of filing instructions )

☒ NONE (No reportable positions.)

POSITION

NAME OF ORGANIZATION/ENTITY

|    |  |  |
|----|--|--|
| 1. |  |  |
| 2. |  |  |
| 3. |  |  |
| 4. |  |  |
| 5. |  |  |

## II. AGREEMENTS. (Reporting individual only; see pp. 14-16 of filing instructions )

☐ NONE (No reportable agreements.)

DATE

PARTIES AND TERMS

|         |                                                           |
|---------|-----------------------------------------------------------|
| 1. 1994 | Mississippi Employee Pension Fund (pension began in 2012) |
| 2.      |                                                           |
| 3.      |                                                           |

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Name of Person Reporting

Walker, Robert H.

Date of Report

06/23/2020

## 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.)*

DATE

SOURCE AND TYPE

INCOME  
(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.)*

DATE

SOURCE AND TYPE

|    |  |  |
|----|--|--|
| 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.)*

SOURCE

DATES

LOCATION

PURPOSE

ITEMS PAID OR PROVIDED

|    |  |  |  |  |
|----|--|--|--|--|
| 1. |  |  |  |  |
| 2. |  |  |  |  |
| 3. |  |  |  |  |
| 4. |  |  |  |  |
| 5. |  |  |  |  |

|                          |                |
|--------------------------|----------------|
| Name of Person Reporting | Date of Report |
| Walker, Robert H.        | 06/23/2020     |

V. GIFTS. (Includes those to spouse and dependent children; see pp. 28-31 of filing instructions.)

☒ NONE (No reportable gifts.)

|    | SOURCE | DESCRIPTION | VALUE |
|----|--------|-------------|-------|
| 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.)

|    | CREDITOR | DESCRIPTION | VALUE CODE |
|----|----------|-------------|------------|
| 1. |          |             |            |
| 2. |          |             |            |
| 3. |          |             |            |
| 4. |          |             |            |
| 5. |          |             |            |

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<br>Description of Assets<br>(including trust assets)<br><br>Place "(X)" after each asset<br>exempt from prior disclosure | B<br>Income during<br>reporting period |                                        | C<br>Gross value at end<br>of reporting period |                                    | D<br>Transactions during reporting period |                  |                          |                         |                                                            |
|----------------------------------------------------------------------------------------------------------------------------|----------------------------------------|----------------------------------------|------------------------------------------------|------------------------------------|-------------------------------------------|------------------|--------------------------|-------------------------|------------------------------------------------------------|
|                                                                                                                            | (1)                                    | (2)                                    | (1)                                            | (2)                                | (1)                                       | (2)              | (3)                      | (4)                     | (5)                                                        |
|                                                                                                                            | Amount<br>Code 1<br>(A-H)              | Type (e g ,<br>div , rent,<br>or int ) | Value<br>Code 2<br>(J-P)                       | Value<br>Method<br>Code 3<br>(Q-W) | Type (e g ,<br>buy, sell,<br>redemption)  | Date<br>mm/dd/yy | Value<br>Code 2<br>(J-P) | Gain<br>Code 1<br>(A-H) | Identity of<br>buyer/seller<br>(if private<br>transaction) |
| 1. State of Mississippi (pension fund)                                                                                     | E                                      | Distribution                           | L                                              | T                                  |                                           |                  |                          |                         |                                                            |
| 2. Hancock Bank X                                                                                                          | A                                      | Int./Div.                              | J                                              | T                                  |                                           |                  |                          |                         |                                                            |
| 3. LORD ABB INC A LAGVX                                                                                                    | C                                      | Dividend                               | L                                              | T                                  |                                           |                  |                          |                         |                                                            |
| 4. AT&T X                                                                                                                  | C                                      | Dividend                               | M                                              | T                                  |                                           |                  |                          |                         |                                                            |
| 5. VGM Invesco Trust for Invst. Grade Muni X                                                                               | C                                      | Dividend                               | L                                              | T                                  |                                           |                  |                          |                         |                                                            |
| 6.                                                                                                                         |                                        |                                        |                                                |                                    |                                           |                  |                          |                         |                                                            |
| 7.                                                                                                                         |                                        |                                        |                                                |                                    |                                           |                  |                          |                         |                                                            |
| 8.                                                                                                                         |                                        |                                        |                                                |                                    |                                           |                  |                          |                         |                                                            |
| 9.                                                                                                                         |                                        |                                        |                                                |                                    |                                           |                  |                          |                         |                                                            |
| 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 =Assessment

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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|                                 |                       |
|---------------------------------|-----------------------|
| <b>Name of Person Reporting</b> | <b>Date of Report</b> |
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**VIII. ADDITIONAL INFORMATION OR EXPLANATIONS.** *(Indicate part of report.)*

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Name of Person Reporting

Walker, Robert H.

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

Signature: **s/ Robert H. Walker**

**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  
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Washington, D.C. 20544