

PERSONAL FINANCIAL DISCLOSURE
"TIER 2"
LSA-R.S. 42:1124.2

ORIGINAL REPORT

AMENDED REPORT

This Report Covers Calendar Year 2012

Office Held or Position Sought District Attorney 22nd Judicial District

Date of Election - Date of Qualifying -

Full Name of Filer: Walter P. Reed

Full Name of Spouse: _____

Mailing Address: 71206 Hendry Ave.
Street Apt. #
Covington, LA 70433
City State Zip Code

Spouse's Occupation: _____

Spouse's Principal Business Address, if any:

Street Suite #
City State Zip Code

(A) I certify that I have filed my federal income tax return for the previous year.

(B) I certify that I have filed my state income tax return for the previous year.

or

(A) I certify that I have filed for an extension of my federal income tax return for the previous year.

(B) I certify that I have filed for an extension of my state income tax return for the previous year.

CERTIFICATION OF ACCURACY

I do hereby certify, after having been first duly sworn, that the information contained in this personal financial disclosure form is true and correct to the best of my knowledge, information and belief.

Walter P. Reed
Signature of Filer

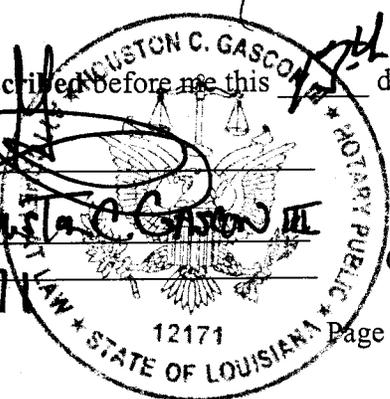
Sworn to and subscribed before me this 12th day of May, 2013.

Notary Public

Printed Name: Housta C. Gascon III

ID# 12171

Commission Expires At Death



SCHEDULE A
EMPLOYMENT INFORMATION

Please disclose the name of the employer, job title, a brief description of the job description for each full-time or part-time employment position held by the individual or spouse.

Filer Spouse Full-time Part-time

Employer Name State of Louisiana Job Title District Attorney

Employer Address P. O. Box 94095
Street Suite #
Baton Rouge LA 70804
City State Zip Code

Job Description District Attorney - 22nd Judicial District

Filer Spouse Full-time Part-time

Employer Name St. Tammany Parish Government Job Title District Attorney

Employer Address P. O. Box 628
Street Suite #
Covington LA 70434
City State Zip Code

Job Description District Attorney - St. Tammany Parish

Filer Spouse Full-time Part-time

Employer Name Washington Parish Government Job Title District Attorney

Employer Address 909 Pearl St.
Street Suite #
Franklinton LA 70438
City State Zip Code

Job Description District Attorney - Washington Parish

Filer Spouse Full-time Part-time

Employer Name District Attorney'S Office Job Title District Attorney

Employer Address 701 N. Columbia St.
Street Suite #
Covington LA 70433
City State Zip Code

Job Description District Attorney-22nd Judicial District

SCHEDULE B
POSITIONS - BUSINESS

The name, address, brief description, nature of association, and the amount of interest in each business in which you or your spouse is a director, officer, owner, partner, member, or trustee, AND in which you or your spouse; either individually or collectively, owns an interest which exceeds ten percent of that business.

Note: For this page ONLY, the "amount of interest" must be reported as a percentage figure.

Filer Spouse Both

Amount of Interest 50 %

Name of Business M R Precious Metals, LLC

Address 219 Thornwood Dr.

Street

Suite #

Covington, LA 70435

City

State

Zip Code

Business Description Buying/Selling gold

Nature of Association Partner

Filer Spouse Both

Amount of Interest _____ %

Name of Business _____

Address _____

Street

Suite #

City

State

Zip Code

Business Description _____

Nature of Association _____

Filer Spouse Both

Amount of Interest _____ %

Name of Business _____

Address _____

Street

Suite #

City

State

Zip Code

Business Description _____

Nature of Association _____

SCHEDULE C
POSITIONS - NONPROFIT

The name, address, brief description of, and nature of association with a nonprofit organization in which you or your spouse is a director or officer.

Filer Spouse

Name of Organization _____ Nature of Association _____

Address _____

Street

Suite #

City

State

Zip Code

Organization Description _____

Filer Spouse

Name of Organization _____ Nature of Association _____

Address _____

Street

Suite #

City

State

Zip Code

Organization Description _____

Filer Spouse

Name of Organization _____ Nature of Association _____

Address _____

Street

Suite #

City

State

Zip Code

Organization Description _____

SCHEDULE D
INCOME FROM THE STATE, POLITICAL SUBDIVISIONS,
AND/OR GAMING INTERESTS

The name, address, type, and amount of each source of income received by you or your spouse, or by any business in which you or your spouse, either individually or collectively, owns an interest which exceeds ten percent of that business, which is received from any of the following:

- the state or any political subdivision as defined in Article VI of the Constitution of Louisiana;
- services performed for or in connection with a gaming interest as defined in R.S. 18:1505.2L(3)(a).

Note: For this page ONLY, the "amount of income" must be reported as an exact dollar figure.

Filer Spouse Business Amount of Income \$ 49,074

Name of Business, if applicable _____

Name of Source of Income State of Louisiana

Type of Income: State Political Subdivision Gaming Interest

Address P. O. Box 94095
Street
Baton Rouge, LA Suite # 70804
City State Zip Code

Filer Spouse Business Amount of Income \$ 106,860

Name of Business, if applicable _____

Name of Source of Income District Attorney's Office

Type of Income: State Political Subdivision Gaming Interest

Address 701 N. Columbia St.
Street
Covington, LA Suite # 70433
City State Zip Code

Filer Spouse Business Amount of Income \$ 19,691

Name of Business, if applicable _____

Name of Source of Income St. Tammany Parish Government

Type of Income: State Political Subdivision Gaming Interest

Address P. O. Box 628
Street
Covington, LA Suite # 70434
City State Zip Code

SCHEDULE D
INCOME FROM THE STATE, POLITICAL SUBDIVISIONS,
AND/OR GAMING INTERESTS

The name, address, type, and amount of each source of income received by you or your spouse, or by any business in which you or your spouse, either individually or collectively, owns an interest which exceeds ten percent of that business, which is received from any of the following:

- the state or any political subdivision as defined in Article VI of the Constitution of Louisiana;
- services performed for or in connection with a gaming interest as defined in R.S. 18:1505.2L(3)(a).

Note: For this page ONLY, the "amount of income" must be reported as an exact dollar figure.

Filer Spouse Business Amount of Income \$ 8,375

Name of Business, if applicable _____

Name of Source of Income Washington Parish Government

Type of Income: State Political Subdivision Gaming Interest

Address 909 Pearl St.
Street Franklinton, LA Suite # 70438
City State Zip Code

Filer Spouse Business Amount of Income \$ 30,000

Name of Business, if applicable _____

Name of Source of Income St. Tammany Parish Hospital

Type of Income: State Political Subdivision Gaming Interest

Address 1202 S. Tyler ST.
Street Covington, LA Suite # 70433
City State Zip Code

Filer Spouse Business Amount of Income \$ _____

Name of Business, if applicable _____

Name of Source of Income _____

Type of Income: State Political Subdivision Gaming Interest

Address _____
Street _____ Suite # _____
City _____ State _____ Zip Code _____

SCHEDULE E
INCOME RECEIVED FROM EMPLOYMENT

Please disclose the name and address of the employer that provides income, job title, a brief description of the nature of services rendered and the amount of income for each full-time or part-time employment position held by the individual or spouse. **INCOME SHALL BE REPORTED BY CATEGORY. DO NOT INCLUDE INFORMATION WITH RESPECT TO INCOME DISCLOSED ON SCHEDULE D. INCOME RECEIVED THROUGH SELF-EMPLOYMENT SHALL BE DISCLOSED ON SCHEDULE F.**

Filer Spouse

Amount of Income: I II III IV

Full-time Part-time

Employer Name State of Louisiana

Employer Address P. O. Box 94095

Street Baton Rouge, LA 70804 Suite #

City Baton Rouge State LA Zip Code 70804

Nature of services rendered pursuant to the employment District Attorney
22nd Judicial District

Filer Spouse

Amount of Income: I II III IV

Full-time Part-time

Employer Name St. Tammany Parish Government

Employer Address P. O. Box 628

Street Covington, LA 70434 Suite #

City Covington State LA Zip Code 70434

Nature of services rendered pursuant to the employment District Attorney
St. Tammany Parish

Filer Spouse

Amount of Income: I II III IV

Full-time Part-time

Employer Name Washington Parish Government

Employer Address 908 Pearl St.

Street Franklinton, LA 70438 Suite #

City Franklinton State LA Zip Code 70438

Nature of services rendered pursuant to the employment District Attorney
Washington Parish

SCHEDULE E
INCOME RECEIVED FROM EMPLOYMENT

Please disclose the name and address of the employer that provides income, job title, a brief description of the nature of services rendered and the amount of income for each full-time or part-time employment position held by the individual or spouse. **INCOME SHALL BE REPORTED BY CATEGORY.**

DO NOT INCLUDE INFORMATION WITH RESPECT TO INCOME DISCLOSED ON SCHEDULE D.
INCOME RECEIVED THROUGH SELF-EMPLOYMENT SHALL BE DISCLOSED ON SCHEDULE F.

Filer Spouse

Amount of Income: I II III **IV**

Full-time Part-time

Employer Name District Attorney's Office

Employer Address 701 N. Columbia St.

Street

Suite #

Covington, LA 70433

City

State

Zip Code

Nature of services rendered pursuant to the employment District Attorney
22nd Judicial District

Filer Spouse

Amount of Income: I II III IV

Full-time Part-time

Employer Name _____

Employer Address _____

Street

Suite #

City

State

Zip Code

Nature of services rendered pursuant to the employment _____

Filer Spouse

Amount of Income: I II III IV

Full-time Part-time

Employer Name _____

Employer Address _____

Street

Suite #

City

State

Zip Code

Nature of services rendered pursuant to the employment _____

**SCHEDULE F
INCOME FROM BUSINESS INTERESTS**

The name and address of all businesses which provide income to you or your spouse, including a brief description of the nature of services rendered for each business or the reason such income was received, and the aggregate amount (in value ranges by category) of such income, excluding income reported in another section of this report. **DO NOT INCLUDE INFORMATION WITH RESPECT TO INCOME DISCLOSED ON SCHEDULES D AND/OR E.**

Aggregate Amount of Income received from the business interests listed on Schedule F: I II III **IV**

- Filer
 Spouse

Name of Business Walter P. Reed, Attorney

Address 71206 Hendry Avenue
Street Suite #
Covington, LA 70433
City State Zip Code

Description of services rendered for the business or a reason the income was received:

Legal and consulting fees

- Filer
 Spouse

Name of Business M R Precious Metals, LLC

Address 219 Thornwood Dr.
Street Suite #
Covington, LA 70435
City State Zip Code

Description of services rendered for the business or a reason the income was received:

Management/Partner

- Filer
 Spouse

Name of Business _____

Address _____
Street Suite #

City State Zip Code

Description of services rendered for the business or a reason the income was received:

**SCHEDULE G
OTHER INCOME**

A description of any other type of income, exceeding \$1,000 received by the individual or spouse, including a brief description of the nature of the services rendered or the reason such income was received, and the amount of income (in value ranges by category), excluding income reported in another section of this report.

Note: Do NOT include income derived from child support and alimony payments contained in a court order OR from disability payments from any source. **DO NOT INCLUDE INFORMATION WITH RESPECT TO INCOME DISCLOSED ON SCHEDULES D, E and/or F.**

- Filer
 Spouse

Amount of Income: I II III IV

Description of Income Rental Income

Description of service rendered or the reason the income was received:

Rental of residential real estate (owned)

- Filer
 Spouse

Amount of Income: I II III IV

Description of Income Interest

Description of service rendered or the reason the income was received:

- Filer
 Spouse

Amount of Income: I II III IV

Description of Income _____

Description of service rendered or the reason the income was received:

**SCHEDULE H
IMMOVABLE PROPERTY**

A brief description, fair market value or use value (in value ranges by category) as determined by the assessor for purposes of ad valorem taxes, and the location of the property by state and parish or county of each parcel of immovable property in which you or your spouse, either individually or collectively, has an interest provided that the fair market value or use value as determined by the assessor exceeds \$2,000.

Filer Spouse Both

Value of Property: I II III **IV**

Location of property:

Country _____ State Louisiana

Parish/County St. Tammany

Property Description Personal Residence (For Sale)

Filer Spouse Both

Value of Property: I II III **IV**

Location of property:

Country _____ State Louisiana

Parish/County St. Tammany

Property Description Residential Rental

Filer Spouse Both

Value of Property: I II III **IV**

Location of property:

Country _____ State Louisiana

Parish/County St. Tammany

Property Description Personal Residence

Filer Spouse Both

Value of Property: I II III IV

Location of property:

Country _____ State _____

Parish/County _____

Property Description _____

**SCHEDULE I
INVESTMENT HOLDINGS**

The name and a brief description of each investment security having a value exceeding \$5,000 held by you or your spouse, excluding variable annuities, variable life insurance, variable universal life insurance, whole life insurance, any other life insurance product, mutual funds, education investment accounts, retirement investment accounts, government bonds, and cash or cash equivalent investments. (NOTE: Exclude any information concerning any property held and administered for any person other than you or your spouse under a trust, tutorship, curatorship, or other custodial instrument.)

Individual, Spouse, or Both	Name of Security	Description
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both	<u>NONE</u>	
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both		
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both		
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both		
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both		
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both		
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both		
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both		
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both		
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both		

SCHEDULE J
TRANSACTIONS

A brief description, amount (in value ranges by category), and date of any purchase or sale, in excess of \$5,000, of any immovable property AND of any personally owned tax credit certificates, stocks, bonds, or commodities futures, including any option to acquire or dispose of any immovable property or of any personally owned tax credit certificates, stocks, bonds, or commodities futures. (NOTE: Exclude variable annuities, variable life insurance, variable universal life insurance, whole life insurance, any other life insurance product, mutual funds, education investment accounts, retirement investment accounts, government bonds, cash or cash equivalent investments.)

Individual, Spouse, or Both	Transaction Date	Description of Transaction	Amount
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both		NONE	I II III IV
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both			I II III IV
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both			I II III IV
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both			I II III IV
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both			I II III IV
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both			I II III IV
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both			I II III IV
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both			I II III IV
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both			I II III IV
<input type="checkbox"/> Filer <input type="checkbox"/> Spouse <input type="checkbox"/> Both			I II III IV

**SCHEDULE K
LIABILITIES**

The name and address of each creditor, and name of each guarantor, if any, to whom you or your spouse owes any liability which exceeds \$10,000 on the last day of the reporting period.

NOTE: Exclude the following:

- any loan secured by movable property, if such loan does not exceed the purchase price of the movable property which secures it;
- any liability, secured or unsecured, which is guaranteed by you or your spouse for a business in which you or your spouse owns any interest, provided that the liability is in the name of the business and, if the liability is a loan, that you or your spouse does not use proceeds from the loan for personal use unrelated to business;
- any loan by a licensed financial institution which loans money in the ordinary course of business;
- any liability resulting from a consumer credit transaction as defined in R.S. 9:3516(13); and,
- any loan from an immediate family member, unless such family member is a registered lobbyist, or his principal or employer is a registered lobbyist, or he employs or is a principal of a registered lobbyist, or unless such family member has a contract with the state.

Filer Spouse

Name of Creditor _____

Address _____

Street

Suite #

City

State

Zip Code

NONE

Name of Guarantor (if any) _____

Filer Spouse

Name of Creditor _____

Address _____

Street

Suite #

City

State

Zip Code

Name of Guarantor (if any) _____

Filer Spouse

Name of Creditor _____

Address _____

Street

Suite #

City

State

Zip Code

Name of Guarantor (if any) _____

SCHEDULE L
OTHER OFFICES/POSITIONS

Please set forth below any and all other office/positions held which would trigger a filing under Section 1124.2.1 (Tier 2.1) and/or Section 1124.3 (Tier 3) of the Code of Governmental Ethics.

NAME OF POSITION OR OFFICE HELD:

Metropolitan Law Enforcement Planning Council

Louisiana Commission on Law Enforcement