LOUISIANA BOARD OF ETHICS
Post Office Box 4368
Baton Rouge, Louisiana 70821

TIER 2.1 PERSONAL FINANCIAL DISCLOSURE STATEMENT (ANNUAL)

This Report Covers Calendar Year: 2014

☒ ORIGINAL REPORT

☐ AMENDED REPORT

☐ I currently hold an office that would require me to file a Tier 3 Personal Financial Disclosure Statement. As such, I have completed SCHEDULE D.

Name of Filer (print full name): BRUCE WAYNE WALKER

Mailing Address: PO BOX 441

City, State, Zip: MOORINGSPORT, LA. 71060

Name of Board/Commission (no abbreviations): NORTH CADDO HOSPITAL

Date of Appointment: 8-9-2012

Date Appointment Expires: 7-18-2018

Name of Spouse (print full name): MARY KATHERINE WALKER

Spouse's Occupation: HEART INSTITUTE - WILLIS KNIGHTON

Principal Business Address: 2600 GREENWOOD RD.

City, State, Zip: SHREVEPORT, LA. 71103

CHECK ONE:

☒ Neither I, nor any member of my immediate family, have a personal or financial interest in any entity, contract, or business, or a personal or financial relationship, that in any way poses a conflict of interest, which would affect the impartial performance of my duties as a member of the board or commission.

☐ I have attached a statement describing any conflicts, and actions I am taking to resolve or avoid the conflicts.

Check all that apply:

☒ I have filed my state income tax return for the previous year.

☐ I have filed for an extension of my state income tax return for the previous year.

☒ I have filed my federal income tax return for the previous year.

☐ I have filed for an extension of my federal income tax return for the previous year.

NOTE: La. R.S. 42:1124.2.1 does not provide you the opportunity to request an extension in filing your personal financial disclosure statement.

Certification of Accuracy

I do hereby certify that the information contained in this personal financial disclosure statement is true and correct to the best of my knowledge and belief.

Bruce W Walker

Signature of Filer

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Schedule A: Employment Information

☐ Check if not applicable

☒ Filer ☐ Spouse ☐ Full-Time ☐ Part-Time

Name of Employer: RETIRED

Job Title:

Job Description:

☐ Filer ☒ Spouse ☒ Full-Time ☐ Part-Time

Name of Employer: WILLIS KNIGHTON HOSPITAL

Job Title: HEART INSTITUTE ADMINISTRATION

Job Description: MANAGE HOSPITAL INTREST

☐ Filer ☐ Spouse ☐ Full-Time ☐ Part-Time

Name of Employer:

Job Title:

Job Description:

☐ Filer ☐ Spouse ☐ Full-Time ☐ Part-Time

Name of Employer:

Job Title:

Job Description:

- **You are required to disclose employment information related to both you and your spouse (if applicable).**
- **List the name of the employer; the title of the position; a brief description of the job; and disclosure as to whether the position is full-time or part-time.**
- **Self-employment information is reported on Schedule B.**

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Schedule B: Positions - Business

☒ Check if not applicable

☐ Filer ☐ Spouse ☐ Both

Amount of Interest (where interest exceeds 10%): _____ %

Name of Business: _____

Address: _____

City, State, Zip: _____

Business Description: _____

Nature of Association: _____

☐ Filer ☐ Spouse ☐ Both

Amount of Interest (where interest exceeds 10%): _____ %

Name of Business: _____

Address: _____

City, State, Zip: _____

Business Description: _____

Nature of Association: _____

☐ Filer ☐ Spouse ☐ Both

Amount of Interest (where interest exceeds 10%): _____ %

Name of Business: _____

Address: _____

City, State, Zip: _____

Business Description: _____

Nature of Association: _____

*** You are required to complete SCHEDULE B if you or your spouse is a director, officer, stockholder, owner, partner, member, or trustee of a business AND if you or your spouse (either individually or collectively) owns an interest in a business which exceeds 10%.**

*** "Business" means any corporation, partnership, limited liability company, sole proprietorship, firm, enterprise, franchise, association, business, organization, self-employed individual, holding company, trust, or any other legal entity or person.**

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Schedule C: Positions - Nonprofit

☒ Check if not applicable

☐ Filer ☐ Spouse

Name of Organization: _____

Address: _____

City, State, Zip: _____

Nature of Association: _____

Description of Organization: _____

☐ Filer ☐ Spouse

Name of Organization: _____

Address: _____

City, State, Zip: _____

Nature of Association: _____

Description of Organization: _____

☐ Filer ☐ Spouse

Name of Organization: _____

Address: _____

City, State, Zip: _____

Nature of Association: _____

Description of Organization: _____

***You are required to complete SCHEDULE C if you or your spouse is a director or officer of a nonprofit organization.**

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Schedule D: Other Offices/Positions Held

☒ Check if not applicable

Name of Office/Position: _____
Name of Office/Position: _____
Name of Office/Position: _____
Name of Office/Position: _____
Name of Office/Position: _____
Name of Office/Position: _____
Name of Office/Position: _____
Name of Office/Position: _____
Name of Office/Position: _____
Name of Office/Position: _____

***You are required to complete SCHEDULE D if you hold any other office or position which would require you to file a personal financial disclosure statement under La. R.S. 42:1124.2.1 or 42:1124.3.**

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Schedule E: Income from the State, Political Subdivisions,and/or Gaming Interests

☒ Check if not applicable

☐Filer ☐Spouse ☐Business (where amount of interest exceeds 10%)

Type of Income: ☐State ☐Political Subdivision ☐Gaming Interest

Name of Business (if applicable): _____

Name of Income Source: _____

Address: _____

City, State, Zip: _____

Amount of Income (exact dollar amount): $ _____

☐Filer ☐Spouse ☐Business (where amount of interest exceeds 10%)

Type of Income: ☐State ☐Political Subdivision ☐Gaming Interest

Name of Business (if applicable): _____

Name of Income Source: _____

Address: _____

City, State, Zip: _____

Amount of Income (exact dollar amount): $ _____

☐Filer ☐Spouse ☐Business (where amount of interest exceeds 10%)

Type of Income: ☐State ☐Political Subdivision ☐Gaming Interest

Name of Business (if applicable): _____

Name of Income Source: _____

Address: _____

City, State, Zip: _____

Amount of Income (exact dollar amount): $ _____

*** You are required to complete SCHEDULE E if you or your spouse received income (includes any income from public source such as employment income, retirement, etc.) from the State, any political subdivision, and/or a gaming interest OR if a business in which you or your spouse owns an interest which exceeds 10% (either individually or collectively) received income from the aforementioned sources.**
***"Income" (for a business) means gross income less costs of goods sold, and operating expenses.**
*** Income" (for an individual) means taxable income and shall not include any income received pursuant to a life insurance policy.**
*** The definitions for (and examples of) *political subdivision, gaming interest, and business* are found in the *Instructions Section* of this form.**

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Schedule F: Contributions

☒ Check if not applicable **(made within one year of appointment - in excess of $1,000)**

Date of Appointment: _____
Compensation: $ _____
Candidate Name: _____
Amount of Contribution or Loan: $ _____

Date of Appointment: _____
Compensation: $ _____
Candidate Name: _____
Amount of Contribution or Loan: $ _____

Date of Appointment: _____
Compensation: $ _____
Candidate Name: _____
Amount of Contribution or Loan: $ _____

Date of Appointment: _____
Compensation: $ _____
Candidate Name: _____
Amount of Contribution or Loan: $ _____

Date of Appointment: _____
Compensation: $ _____
Candidate Name: _____
Amount of Contribution or Loan: $ _____

*** You are required to complete SCHEDULE F if you are appointed to a state board or commission and subject to annual financial statements as required by 42:1124.2.1 and you made a contribution or loan in excess of $1,000 to the campaign of the official who appointed you.**
***You are only required to disclose contributions or loans made within one year of appointment.**
*** "Candidate" means a person who seeks nomination or election to public office, except the office of president or vice president of the United States, presidential elector, delegate to a political party convention, United States senator, United States congressman, or political party office.**
*** "Contribution" means a gift, conveyance, payment, or deposit of money or anything of value, or the forgiveness of a loan or of a debt, made for the purpose of supporting, opposing, or otherwise influencing the nomination or election of a person to public office, whether made before or after the election.**
***"Loan" means a transfer of money, property, or anything of value in exchange for obligation to repay in whole or in part, made for the purpose of supporting, opposing, or otherwise influencing the nomination for election, or election, of any person to public office.**