### WALTER REED STATEMENT REGARDING THE GRAND JURY INDICTMENT

The indictment handed down today mirrors the press reports of the last year, many which are inaccurate, incomplete and sometimes misleading. In view of that extensive media coverage, we have issued this statement so that the public will not formulate any adverse conclusions based upon the Indictment which is merely an allegation and not evidence of guilt. The public should keep an open mind as this case will be tried in a court where all evidence can be considered.

### I. There is No Allegation That Walter Reed Sold His Office

A review of the indictment does not reveal no allegations of a bribery scheme or kickbacks for favors granted by Walter Reed as a public official. This is basically a tax case with allegations of mail fraud/wire fraud and money laundering based on the tax issues in the case.

### II. Walter Reed Has Paid His Taxes

Walter Reed has paid "90%" of the taxes the IRS says he should have paid for those four years, with the remaining 10% claimed by the IRS to be income questionable grounds (i.e. \$100,000.00 in campaign funds which were reported on his campaign disclosures, but now challenged by the IRS as personal income.

The bottom line is this case should be, at best, a civil tax case, not a criminal prosecution.

### III. Walter Reed Campaign Funding and Expenditure

The Walter Reed campaign funds were not public funds, but monies contributed by Walter Reed's supporters to aid his political efforts in the past. Unfortunately and incorrectly, members of the media have used the terms campaign funds and public funds as though they are the same. Such donations to his campaign funds

were reported to the State with extensive details regarding their source and the expenses incurred. Additionally, we will be challenging the use of an IRS investigation to enforce state campaign laws. (See Attachment "3").

### IV. St. Tammany Hospital Board Legal Fees

Over 20 years ago, Walter Reed was approached by the then CEO, Paul Cordes of the St. Tammany Hospital who requested that he personally attend the St. Tammany Hospital Board meetings and that the Hospital would pay Walter directly for legal service. From its inception, his services the hospital made the checks payable to Walter Reed, individually, as a private attorney, not the District Attorney's office. Contrary to media reports, each check was deposited in his personal account, and never into the District Attorney's operating account. This verbal agreement was entered into some 20 years ago, and was never questioned by the CEO, Board members or others during the life of the relationship, until last year. While it is regrettable we cannot twenty years later find any formal resolution or contract between the Hospital and Walter, the attached document from nearly 20 years ago reflect Walter's understanding of retention. See Walter Reed's letter of October 1996; (Attachment "1"). There was also a draft resolution faxed to Cordes October 1, 1996.

Over the last 20 years, he consistently attended the meetings (ordinarily several hours) and contributed to the business agenda of the hospital personally attending over 150 board meetings.

Walter Reed resigned his position at the Hospital because of the obvious misunderstanding with the present Board, as to his status, not because of any misconduct.

From 2008 to present Walter Reed reported to the public <u>all</u> income from St. Tammany Parish Hospital in the amount of approximately \$30,000.00 annually paid

directly to him. See Attachment "2" a, b, c, d, e, f). For six years it was never a matter of scrutiny until shortly before the qualifying period for the Office of District Attorney.

What is not speculation is that Mr. Reed's position on this issue has been consistent. For nearly 20 years, Mr. Reed has operated under the impression created by the former Chairman of the Hospital Board that he was serving as private counsel to the Board. Checks made payable to Walter Reed and deposited in his personal account and report on his public disclosure form for six years are consistent with that belief.

#### V. Outside Practice of Law

In Louisiana, there is no legal limitation on a District Attorney engaging in an outside practice of law.

Starting shortly before Katrina in 2005, Walter Reed entered into an "Of Counsel" relationship with a law firm which was publicly noted in news articles at the time.

While certain individuals have urged that there be no other financial income for District Attorneys from any outside source, that is not the present law in Louisiana, which merely requires disclosure of such income. Importantly, such a change in the law might restrict a number of qualified persons who might undertake such positions of responsibility, but in any event there has been no violation of law, and the state legislature has never seen fit to change the law.

#### CONCLUSION

During the last nearly 30 years, Walter Reed has surrounded himself with dedicated Assistant District Attorneys and other staff members who were committed to the fair administration of justice. The most important measurement for the citizens of St. Tammany and Washington parishes is that Walter Reed's office ensured the safety of our citizens and their community for the last 30 years.

MORGAN STEWADT	TITATY ATTACATO
all the evidence will unfold.	
was returned or on media reports and allo	w this case to be resolved in the Courts where
We ask the public to not form any o	opinions based on the mere fact an indictment

RICK SIMMONS COUNSEL FOR WALTER REED



#### WALTER P. REED

DISTRICT ATTORNEY

WASHINGTON - ST. TAMMANY PARISH 22ND JUDICIAL DISTRICT

October 15, 1996

WASHINGTON PARISH D.A.'S OFFICE 905 PEARL STREET FRANKLINTON, LA 70438 839-671

NON-SUPPORT DIVISION 905-B PEARL STREET FRANKLINTON, LA 70438 839-6303

BOGALUSA OFFICE 328 AUSTIN STREET BOGALUSA, LA 70427 732-9594

Mr. Paul Cordes St. Tammany Parish Hospital Board Covington, Louisiana 70433

Dear Paul:

ST. TAMMANY PARISH

898-2392 OR 646-4083

892-3727 649-0716

SLIDELL OFFICE

NON-SUPPORT DIVISION 401 N, NEW HAMPSHIRE

520 OLD SPANISH TRAIL SUITE 340 SLIDELL, LOUISIANA 70458 646-4111

DISTRICT ATTORNEY'S OFFICE 428 E. BOSTON STREET COVINGTON, LOUISIANA 70433

COVINGTON, LOUISIANA 70433

As you know, approximately two years ago I began representing the Board of St. Tammany Hospital personally. Prior to that time, the District Attorney's Office was Counselor of Record. Through an oversight, the Board never did ratify my appointment as Counsel. It was only recently that I became aware of this. In order to correct this oversight, I am recommending that the Board vote to ratify my previous appointment at the next regular Board Meeting to be held Monday, October 21st.

Sincerely,

Walter P. Reed

WPR:jmy



### LSA-R.S. 42:1124.2

ORIGINAL REF	ORT		☐ AMENDED REI	PORT
This Report Covers	Calendar Year_	2008	~	
Office Held or Posi Date of Election	tion SoughtDi	istrict Attorney, Date of Qualifying	22nd Judicial D	istrict
Full Name of Filer:	Walter P.	Reed	f	
Full Name of Spous	e:			•
Mailing Address:	219 Thornw Street Covington, City	good Dr.	Apt. # 70435 Zip C	lode
Spouse's Occupation	1;		•	
Spouse's Principal B	,			and the second s
Street			Suite #	
City		State	· Zip Code	
or (A) I certify that I	have filed for an	deral income tax return for the ate income tax return for the extension of my federal income.	he previous year.	previous year.
(12) I coldiny that I	HAY THER TOL SU	extension of my state inc	ome tax return for the pre	vious year.
I do hereby certify, a financial disclosure signature of Filer Sworn to and substitute and subst	fter having been	a first duly sworn, that the correct to the best of me as a second state of the best of th	ne information contained y knowledge, information y knowledge, informat	in this personal in and belief.
			EXHIBIT	Reed 2871

#### 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 \$ 30,000
Name of Business, if applicable	
	any Parish Hospital
Type of Income: ☐ State ☐ Political S	Subdivision
Address 1202 S.Ty	yler St.
Street Covington	n, LA 70433
City	State Zip Code
□ Filer □ Spouse ☑ Business	Amount of Income \$ 2,642
Name of Business, if applicable	
	O. Expressway Commission (Causeway)
Type of Income: ☐ State ☐ Political Su	abdivision   Gaming Interest
Address	
Street	Suite #
City	State Zip Code
□ Filer □ Spouse □ Business	Amount of Income \$
Name of Business, if applicable	
Name of Source of Income	
Type of Income:	
Address	
Street	Suite #
Cîty	State Zip Code

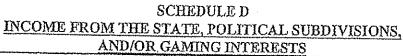
LSA-R.S. 42:1124.2

ORIGINAL REPO	ORT	THE RESERVE THE PROPERTY OF THE PERSON NAMED AND TH	☐ AMENDED REPORT	allowing property of the contract of
This Report Covers Calendar Year 2009				
ims Report Covers	Calendar Year 2009	·		
Office Held or Positi	on Sought Distri	ct Attorney,	22nd Judicial District	<u>.</u>
Date of Election N	/A Date of	f Qualifying N/A		
Full Name of Filer:	Walter P. Ree	đ	•	
Duff St			*	
Full Name of Spouse	, * 2 * ********************************			
Mailing Address:	219 Thornwood	Dr.		
	Street		Apt.#	
	Covington	<u>L</u> A	70435	
•	City	State	Zip Code	
Spouse's Occupation				
Spouse's Principal Bu	usiness Address, if any:		•	
Street		**************************************	Cl. 't. II	
****	A-2		Suite #	
City	•	State	Zip Code	
or (D) I certify that I I	have filed my federal in nave filed my state incom	me tax return for the	previous year.	
☐ (A) I certify that I I☐ (B) I certify that I I	nave filed for an extensi nave filed for an extensi	on of my federal inco on of my state incom	ome tax return for the previous ye e tax return for the previous year.	ear.
		ATION OF ACCUI		
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financial disclosure f	ter having been first d orm is true and correc	uly sworn, that the i t to the best of my k	nformation contained in this pe mowledge, information and bel	rsonal ief.
Signature of Filer				
Sworn to and subscri	bed before me this	day of	, 20	
Notary Public				
Printed Name:				
ID#		Commission Exp	pires	

Page 1 of <u>15</u>



Reed 2917



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.

O Filor O Coasses O D. C		
☐ Filer ☐ Spouse ☐ Business	S	Amount of Income \$ 30,000.00
Name of Business, if applicabl	E	
	St. Tammany Parish Ho	
Type of Income:	e ☑ Political Subdivision ☐ Gamin	ng Interest
Address	1202 S. Tyler ST.	
Street	Covington, LA 70433	Suite #
City	State	Zip Code
□ Filer □ Spouse □ Business		Amount of Income \$ 51,923.00
Name of Business, if applicable		
	State of Louisiana	
Type of Income:	☐ Political Subdivision ☐ Gamin	g Interest
Address	P. O. Box 94095	
Street	Baton Rouge, LA 70804	Suite #
City	State	Zip Code
☐ Filer ☐ Spouse ☐ Business		Amount of Income \$ 87,524.00
Name of Business, if applicable_		
Name of Source of Income	_	fice
ype of Income:	Political Subdivision   Gaming	
Address	701 N. Columbia St.	
Street	Covington, LA 70433	Suite#
City	State	Zip Code



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図ORIGINAL REI	PORT		□ AMENDED REPORT
This Report Covers	Calendar Year 201	0 ·	,
Office Held or Posi Date of Election	tion Sought Distri	ct Attorney, 221	nd Judicial District
Date of Blechon I	Date Date	of Qualifying N/A	
Full Name of Filer:	Walter P. Ree	đ	-
Full Name of Spous	se:		÷
Mailing Address:	219 Thornwood		
	Street Covington	LA	Apt. # 70435
	City	State	. Zip Code
Spouse's Occupation	n:		
Spouse's Principal F	Business Address, if an		
Stree	**************************************		
31100	ı	•	Suite #
City		State	Zip Code
or (A) I certify that I	have filed my state in have filed for an exten	income tax return for the purpose tax return for the purpose of my federal inconsion of my state income	e previous year.  previous year.  me tax return for the previous year.  tax return for the previous year.
÷	÷	ICATION OF ACCUR	•
I do hereby certify, a financial disclosure	after having been firs	t duly sworn that the in	nformation contained in this person nowledge, information and belief.
Signature of Filer			
Sworn to and subsci	ribed before me this _	day of	, 20
Notary Public		···	
Printed Name: ID#		Commission Exp	ires
		Υ 1 C	

Page 1 of 15



#### 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;

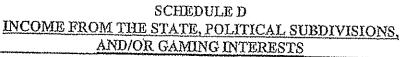
services performed for or in connection with a gaming interest as defined in R.S. 18:1505.2L(3)(a). Note: For this page ONLY, the "amount of income" must be reported as an exact dollar figu

	meome i	dist be reported as an exact dollar figure,
□ Filer □ Spousc □ Business		Amount of Income \$ 32.500.00
Name of Business, if applicable		
Name of Source of Income St. Tammany		
ype of Income:	ubdivision	□ Gaming Interest
Address 1202 S. Ty]	er St.	
Street Covington.	LA	Suite # 70433
City	State	Zip Code
Filer 🗆 Spouse 🗆 Business		Amount of Income \$ 50,000.08
ame of Business, if applicable		
ame of Source of IncomeState_of_Lo		
ype of Income: State D Political Su		,
ddress P.O. Box 9	4095	
Street Baton Rouge	, LA 7	Suite #
. City	State	Zip Code
Filer □ Spouse □ Business	***************************************	Amount of Income \$ 95,007.45
ame of Business, if applicable		
ame of Source of Income District Att		
pe of Income:	bdivision	Gaming Interest
idress 701 N. Colum	mbia St	
Street . Covington, I		Quita #
City	State	Zip Code



LSA-R.S. 42:1124.2

ORIGINAL REP	ORT		☐ AMENDED REI	PORT
This Report Covers	Calendar Year 20	)11 ·		
Office Held or Posit Date of Election		rict Attorney, 2 Date of Qualifying N/A	2nd Judicial Di	strict
Full Name of Filer:	Walter P. R	Reed		
Full Name of Spous	e:			_
Mailing Address:	71206 Hendr	y Ave.		
•	Street		Apt.#	
	Covington.			
	City	State	Zip C	lode
Spouse's Occupation	):			
Spouse's Principal B	usiness Address, if	Fany:		
Street			Suite #	
City		State	Zip Code	
or ② (A) I certify that I	have filed for an ex	e income tax return for the extension of my federal inconstance in	come tax return for the i	previous year.
., ,		TFICATION OF ACCU		vious year.
		XXXXIIION OF ACCC	MACI	
I do hereby certify, a financial disclosure	ifter having been f form is true and c	irst duly sworn, that the orrect to the best of my	information contained	d in this personal
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Signature of Filer	71 1 22	The same of the sa	· .	
Sworn to and subscr	ibo the face this	S TO SAN GOOD AT THE	2015	
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MARG			5	
Notary Public   Printed Name: 1915	In COAL	るる。		
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	•	Fa Page 1 8075	S EVIIII	
		Page 1 2171  ATTE OF LOUISING	EXHIBIT	Reed 2968



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 \$ 30,000
Name of Business, if applicable	•
Name of Source of Income St. Tammany Parish	
Type of Income:	•
Address 1202 S. Tyler St.	·
Street Covington, LA 70433	Suite#
City State	Zip Code
□ Filer □ Spouse □ Business	Amount of Income \$ 49,003
Name of Business, if applicable	
Name of Source of Income State of Louisiana	
Type of Income: ☐ State ☐ Political Subdivision ☐	
Address P. O. Box 94095	
Street Baton Rouge, LA 7080	Suite#
City State	Zip Code
□ Filer □ Spouse □ Business	Amount of Income \$102,970
Name of Business, if applicable	
Name of Source of Income <u>District Attorney's</u>	
Type of Income:	
Address 701 N. Columbia St.	
Street Covington, LA 70433	Suite #
City State	Zip Code

### LSA-R.S. 42:1124.2

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This Report Covers Ca	ilendar Ye	ear 2012 ·			
Office Held or Position	n Sought_			udicial	District
Date of Election		Date of Qualifying		<del></del> .	-
Full Name of Filer:	<del></del>	Walter P. Reed			
Full Name of Spouse:					Part quantitative and Additional
Mailing Address:	· · · · · · · · · · · · · · · · · · ·	71206 Hendry Ave.			·
	Street			Apt.#	
	City	Covington, LA State	······	70	2ip Code
. Spouse's Occupation:	e the table and table and t		*	·	application of the control of the co
Spouse's Principal Bu	siness Ad	dress, if any:			
Street			Su	ite#	
City		State	·	Zip Co	de
☐ (B) I certify that I h or ☐ (A) I certify that I h	ave filed:	my federal income tax return my state income tax return f for an extension of my feder for an extension of my state	or the previal income	vious year. tax return f	for the previous year.
		CERTIFICATION OF A	CCURAC	<u>CY</u>	
I do hereby certify, at financial disclosure f	fter havin form is tru	g been first duly sworn, the ue and correct to the best of	at the info of my knov	ermation co wledge, info	ntained in this personal ormation and belief.
Sworn to and subscr	ibed befor	re me this day of		, 20_	·
Notary Public Printed Name:					
ID#		Commiss	sion Expire	es	manuris ada alba distributi de la
-		Page 1 of <u>/5</u>		ЕХНІВІТ	

EXHIBIT

Reed 2984

# 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 a	pplicable			,
Name of Source of Inc				overnment
Type of Income:	□ State	Political Subdivision	□ Gam	ing Interest
Address		909 Pearl St.		
Street		Franklinton,	LA	Suite # 70438
City		State	<del>inh faharia massa sama</del> nnyy akk	Zip Code
⊠ Filer □ Spouse □ B	usiness			Amount of Income \$ 30,000
Name of Business, if ap	plicable_			
		St. Tammany Pa		
Type of Income:	□ State	© Political Subdivision	□ Gami	ng Interest
Address		1202 S. Tyler	ST.	
Street		Covington to		Suite #
City		Covington, LA State	***************************************	Zip Code
□ Filer □ Spouse □ B	rsiness		<del>,</del>	Amount of Income \$
Name of Business, if app	olicable_			The state of the s
		☐ Political Subdivision		
Address				
Street				Suite#
City		State	Maritana dall'ema del Area marea periode pe	Zip Code

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LSA-R.S. 42:1124.2

CORIGINAL BENON		F # Ad
□ ORIGINAL REPORT		☐ AMENDED REPORT
This Report Covers Calendar Y	'ear 2013 ·	·
Office Held or Position Sought	District Attorney 2:	2nd Judicial District
Date of Election	Date of Qualifying	
Full Name of Filer:		-
Full Name of Spouse:		
Mailing Address:		,
Street	71206 Hendry Ave.	Apt. #
	Covington, LA	Арг. # 70433
City	State	Zip Code
Spouse's Occupation:		•
Spouse's Principal Business Add		
Street		Suite #
		Delte #
City	State	Zip Code
<ul> <li>□ (A) I certify that I have filed r</li> <li>□ (B) I certify that I have filed n</li> <li>or</li> <li>☑ (A) I certify that I have filed f</li> <li>☑ (B) I certify that I have filed f</li> </ul>	my state income tax return for the	the previous year.  previous year.  come tax return for the previous year.  ne tax return for the previous year.
	CERTIFICATION OF ACCU	
I do hereby certify, after having financial disclosure form is true Signature of Filer	been first duly swarp that the	information contained in this personal knowledge, information and belief.
Sworn to and subscribed before	me this day of	, 20
Notary Public	F.,	
Printed Name:		
ID#	Commission Ex	pires

EXHIBIT Signal Services

Reed 3000

# 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:

12 Filer	☐ Spouse ☐ Busines	3	Amount of Income \$ 8,375
Name of	f Business, if applicab	e	
Name of	f Source of Income	Washington Parish	Government
Type of Address	000 500-3 05	e DPolitical Subdivision	☐ Gaming Interest
	Franklichton	LA	· Suite # 70438
	City	State	Zip Code
		****	, <del>-</del>
	☐ Spouse ☐ Business		Amount of Income \$ 30,000
Name of	f Business, if applicabl		
Name of	f Business, if applicabl	3	n Hospital
Name of Name of Type of	f Business, if applicable Source of Income State	e Delitical Subdivision	n Hospital
Name of Name of Type of	f Business, if applicable  f Source of Income  Income:   State	e Delitical Subdivision	n Hospital
Name of Name of Type of	f Business, if applicable Source of Income  Income:   State  1202 S. Tyle:  Street	St. Tammany Paris  Differential Subdivision  St.	O Hospital  Gaming Interest  Suite #
Name of Name of Type of a	FBusiness, if applicable  FSource of Income  Income:   Street  Covington	St. Tammany Paris  Political Subdivision  St.  LA  State	O Hospital  C) Gaming Interest  Suite # 70433
Name of Name of Type of Address	F Business, if applicable  F Source of Income  Income:   State  1202 S. Tyle:  Covington  City  Spouse   Business	St. Tammany Paris  Political Subdivision  St.  LA  State	Suite # 70433 Zip Code Amount of Income \$

Page	 of	

State

Street

City

Suite#

Zip Code

### Our View of the Law

5<sup>th</sup> Circuit case law: *US v. Ratcliff* 488 F3d 639, 648 Restricts the use of federal law to enforce state campaign law violations: "Louisiana law establishes a comprehensive regulatory system governing campaign contributions and finance disclosures for state and local elections, with state civil and criminal penalties in place for making misrepresentations on campaign finance reports.". "[w]e resist the Government's reading of §1341[mail fraud]...because it invites us to approve a sweeping expansion of federal criminal jurisdiction in the absence of a clear statement by Congress" (citing Cleveland vs. US, 531 US 12, 24 (2000)(Louisiana's video poker case). (emphasis added)

