OGE Form 278 (Rev. 12/2011) 5 C.F.R. Part 2634 U.S. Office of Government Ethics

Executive Branch Personnel PUBLIC FINANCIAL DISCLOSURE REPORT

Form Approved: OMB No. 3209 - 0001

Date of Appointment, Candidacy, Election, or Nomination (Month, Day, Year)	Status Covered by Report Nor	w Entrant, minee, or Filer adidate	nination Termination Date (If Appli- cable) (Month, Day, Year)	Fee for Late Filing Any individual who is required to file
07/02/2015	Boxes)	Ididate Land		this report and does so more than 30 days after the date the report is required to be
Reporting	Last Name	First Name and Middle I	Initial	filed, or, if an extension is granted, more
Individual's Name	WALKER	SCOTT	K	than 30 days after the last day of the filing extension period, shall be subject
	Title of Position	Department or Agency ((If Applicable)	to a \$200 fee.
Position for Which Filing	CANDIDATE FOR PRESIDENT			Reporting Periods Incumbents: The reporting period is
Location of	Address (Number, Street, City, State, and ZIP Code)	Telep	phone No. (Include Area Code)	the preceding calendar year except Part II of Schedule C and Part I of Schedule D
Present Office (or forwarding address)	1802 Pankratz Street, Madison, WI 53704	608-4	446-7258	where you must also include the filing year up to the date you file. Part II of
Position(s) Held with the Federal	Title of Position(s) and Date(s) Held			Schedule D is not applicable.
Government During the Preceding 12 Months (If Not Same as Above)				Termination Filers: The reporting period begins at the end of the period
				covered by your previous filing and ends
	Name of Congressional Committee Considering Memination	Do You Intend to Create	a Qualified Diversified Trust?	at the date of termination. Part II of Schedule D is not applicable.
Presidential Nominees Subject to Senate Confirmation	Not Applicable	Yes	No No	
· · · · · · · · · · · · · · · · · · ·	Not Applicable	l les	NO 140	Nominees, New Entrants and Candidates for President and
Certification	Signature of Reporting Individual	Dat	te (Month, Day, Year)	Vice President:
I CERTIFY that the statements I have	organizate of Reporting Individual	But	te (Month, Day, Tear)	Schedule AThe reporting period
made on this form and all attached schedules are true, complete and correct		_	1 2 2	for income (BLOCK C) is the preceding
to the best of my knowledge.		Į Ž	TUCY 31, 2015	calendar year and the current calendar year up to the date of filing. Value assets
Other Review	Signature of Other Reviewer	Dat	te (Month, Day, Year)	as of any date you choose that is within
(If desired by				31 days of the date of filing.
agency)	<u> </u> -			Schedule B-Not applicable.
Agency Ethics Official's Opinion	Cinnet and American Definition Official (Province of the Control o	FF: -1 -1		Schedule C, Part I (Liabilities)The
•	Signature of Designated Agency Ethics Official/Reviewing O	miciai Dat	te (Month, Day, Year)	reporting period is the preceding calendar year and the current calendar year up to
On the basis of information contained in this report, I conclude that the filer is in compliance		1		any date you choose that is within 31 days
with applicable laws and regulations (subject to any comments in the box below).				of the date of filing.
	Signature	Dat	te (Month, Day, Year)	Schedule C, Part II (Agreements or
Office of Government Ethics Use Only				Arrangements)Show any agreements or arrangements as of the date of filing.
Comments of Reviewing Officials (If additional space is required, use the reverse side of this sh	eet)		Schedule D The reporting period is the preceding two calendar years and the current calendar year up to the date
Original	(Check how if filling outo	nsion granted & indicate nu	number of days	of filing.
Laver Dage	Check box is ming exter	nsion granted & mulcate no	duliber of days	
60 80 300			•	Agency Use Only
for report	1-0145102			
received by				OGE Use Only
Original Cover page Swomitted 85:3111 For report received by FEC on 7/31.1111/16	(Check	box if comments are contin	nued on the reverse side)	
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Reportin	g Individual's Name											2	CI	46	ה		LE	Δ													P	age Number	
,																																2 (of 7
	Assets and Income			at	Val clos	ua e o	t io :	n o : por	f As	se g pe	ts erio	d					Ii cl	nco hec	om kec	e: t l, n	ype o o	e ar the	nd a r ei	amo	oun y is	nt. I	f "l	Nor ed :	ne (or Bloc	less	s than \$20 C for that)1)" is item.
	BLOCK A					1	BLOC	КВ																BL	.OCK	С							
report ea productio value exceping period in income with such For yours amount of than from report the income of	elf, also report the source and act fearned income exceeding \$200 (cthe U.S. Government). For your spe source but not the amount of each more than \$1.000 (except report than \$1.000 (except report).	the arket port- 5200 ether ctual other ouse, rned	or less than \$1,001)	7	11 - \$50,000		- 1		Over \$1,000,000*	,001 - \$5,000,000	- 1	00,001 - \$50,000,000		Excepted Investment Fund	ed Trust	ed Trust		Rent and Royalties	pe	Gains	None (or less than \$201)	\$1,000	1 !	- \$5,000	1 1	- \$50,000	- \$100,000	01 - \$1,000,000		\$1,000,001 - \$5,000,000	\$5,000,000	Other Income (Specify Type & Actual Amount)	Date (Mo., Day Yr.) Only if Honoraria
your spou	nount of any honoraria over \$20 ise).	00 of	None (or	100,1¢	\$15,001	\$100,001	\$250,001	\$500,001	Over \$	\$1,000,001	\$5,000,001	\$25,000,001	Over \$	Except	Excepted '	Qualified	Dividends	Rent ar	Interest	Capital	None (\$201 -	\$1,001	\$2,501	\$5,001	\$15,001	\$50,001	\$100,001	Over \$1	\$1,000	Over \$5		
	Central Airlines Common]		,	١.		L	L.		Ĺ						х						х			T			T				
Examples	Doe Jones & Smith, Hometown, State				х								[]				Γ	Γ	Γ		Γ				Γ	Γ		Γ	Τ.	Γ	T -	Law Partnership Income \$130,00	,
	Kempstone Equity Fund	$\Box \mathbb{I}$	\Box			_[>			Γ		Ι			x						_		Γ	1	×	i —	Γ	Г	Γ	Τ.	†	† -	T — — —	†
	IRA: Heartland 500 Index Fund							,x						x							Γ				×		Γ	Γ	Γ	Γ		T	T
1 Wiscon	sin State Government - Governor's C	Office																														Salary as Governor \$222,899	
² United	lealth Group Inc. (UNH)		7	<																	×												
³ America	an Lung Association (Spouse Salary)	,																															
4 Northwe	estern Mutual (Whole Life Insurance)			1	×																×												
	n Group USA - Unintimidated (value i ascertainable)	not																														Advance Payment \$45,000	
	kee County 457 Deferred Compensa mployee Trust Fund):	tion			×									×							×												
* This o	ategory applies only if the asset/in- e filer with the spouse or dependen	come is it childr	sole en, 1	ly t nar	hat c	of the	e file er h	r's s ighe	pous r cat	ego:	der ies d	end of va	lent llue,	chil , as a	drer appr	ı. If	the iate.	ass	et/ir	соп	ne is	eith	ner t	hat	of t	he f	iler	or jo	oint	y ho	eld		

7	Reporting Individual's Name	SCHEDULE A continued (Use only if peeded)																																
,			(Use only if needed)														3 of	7																
	Assets and Income		Valuation of Assets at close of reporting period Income: type and amount. If "None (or labeled in Blocked), no other entry is needed in Blocked.													ess k C	than \$20 for that i	01)" is item.																
L	BLOCK A		BLOCK C BLOCK C																															
ı		Type Amount																																
			None (or less than \$1,001)	\$1,001 - \$15,000	\$15,001 - \$50,000	\$50,001 - \$100,000	\$100,001 - \$250,000	\$250,001 - \$500,000	\$500,001 - \$1,000,000	Over \$1,000,000*	\$1,000,001 - \$5,000,000	\$5,000,001 - \$25,000,000	\$25,000,001 - \$50,000,000	Over \$50,000,000	Excepted Investment Fund	Excepted Trust	Qualified Trust	Dividends	Rent and Royalties	Interest	Capital Gains	None (or less than \$201)	\$201 - \$1,000	\$1,001 - \$2,500	\$2,501 - \$5,000	\$5,001 - \$15,000	\$15,001 - \$50,000	\$50,001 - \$100,000	\$100,001 - \$1,000,000	Over \$1,000,000*	\$1,000,001 - \$5,000,000	Over \$5,000,000	Other Income (Specify Type & Actual Amount)	Date (Mo., Day, Yr.) Only if Honoraria
1	T.Rowe Price Large Cap Growth			×											×							×												
2	American Funds Washington Mutual R6			×											×							×												
3	Wisconsin 457 Deferred Comensation Progr (Employee Trust Fund):	ram		×											×							×												
4	Vanguard Retirement 2035			×											×							×												
5	Vanguard Target Retirement Income			×											×							×												
6																																		
7																																		
8																																		
9																																		
	* This category applies only if the asset/inc by the filer with the spouse or dependen	come i: it child	s so ren	lely , ma	tha ark t	t of	the othe	filer r hi	r's sp gher	ous	e or	der ies (end	ent due,	chil , as :	dre app	n. If ropr	the	ass	et/iɪ	con	ie is	eitl	ner t	hat	of ti	he fi	iler	or jo	ointl	y he	ld		

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Do not complete Schedule B if you are a new entrant, nominee, or Vice Presidential or Presidential Candidate

Reporting Individual's Name	SCHED	ULI	E B	3							Page	Num	ber 4 o	f 7		
Part I: Transactions Report any purchase, sale, or exchange by you, your spouse, or dependent children during the reporting period of any	Do not report a transaction involving property used solely as your personal residence, or a transaction solely between	None	nsact	ion		1		Ar	nount	of Ti	ransa	ction	(x)			
real property, stocks, bonds, commodity futures, and other securities when the amount of the transaction exceeded \$1,000. Include transactions that resulted in a loss.	you, your spouse, or dependent child. Check the "Certificate of divestiture" block to indicate sales made pursuant to a certificate of divestiture from OGE.	Purchase		Exchange	Date (Mo., Day, Yr.)	\$1,001 - \$15,000	\$50,000 \$50,000 \$50,001 -	Τ.						\$25,000,001 - \$50,000,000	o,000,000	Certificate of divestiture
Identification	of Assets	Ρū	Sale	а		\$1	\$55	\$1	\$2 \$5	\$5	\$1	\$1	\$2	\$2.	\$6	ਤੌਂ ਚੋਂ
Example Central Airlines Common		х			2/1/99		x									
2		1														
3		1				\vdash		+	-							
4								T-								
5		_						+-	\vdash	_			-			
Part II: Gifts, Reimbursen For you, your spouse and dependent children, r tion, and the value of: (1) gifts (such as tangible food, or entertainment) received from one sour (2) travel-related cash reimbursements received than \$350. For conflicts analysis, it is helpful to as personal friend, agency approval under 5 U. authority, etc. For travel-related gifts and reimbursements, and the nature of expenses provided. Exception	report the source, a brief descrip- e items, transportation, lodging, ce totaling more than \$350 and d from one source totaling more to indicate a basis for receipt, such S.C. § 4111 or other statutory bursements, include travel itinerary,	S. Government of the control of the	vernr m rel of the reside rom o	ment; lative neir r ence. one s ons.	given to your served elationship Also, for produce, exclusions	our ag	ency ir our spou; or pr	ise oi ovide	depo	ender perso	nt ch onal l to d	ild to nospi etern	tally tality nine truct	y at the ions one		
Source (Name and Address)				escri											alue	
Examples Nat'l Assn. of Rock Collectors, NY, NY	Airline ticket, hotel room & meals incident to nation	al conf	erenc	e 6/15	799 (persona	1 activ	ty unrel	ted to	duty	·				— ·	500_	
Frank Jones, San Francisco, CA	Leather briefcase (personal friend)													<u> </u>	385	
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3																
4																
5																

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Do not complete Schedule B if you are a new entrant, nominee, or Vice Presidential or Presidential Candidate

Reporting Individual's Name	SCHEDULE B continued (Use only if needed)											Numb 5					
Part I: Transactions																	
		Tra	nsacti /pe (x	on					Am	ount	of Tr	ansa	ction	(x)			ㅓ
			ype (x	·/—	Date				,	,	, 0	*	- 0	- 00 -	100	8	e of
		Purchase	e	Exchange	(Mo., Day, Yr.)	\$1,001 - \$15,000	5,001 -	0,001	50,000	50,001 00,000	00,00,	er ,000,00	000,000	\$25,000,000 -	0,000,0	0,000,0	rtificate restitur
Ident	ification of Assets	Pur	Sale	Ä		\$11	\$5	\$21	\$1 \$2	\$2	\$21	\$10	\$5	\$22	\$2	\$€	ġĘ
1																	
2																	
3															寸	\exists	
4										\neg					\dashv		
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^{*}This category applies only if the underlying asset is solely that of the filer's spouse or dependent children. If the underlying asset is either held by the filer or jointly held by the filer with the spouse or dependent children, use the other higher categories of value, as appropriate.

Rep	orting Individual's Name	SC	CHED	ULE C	2							Page	Numb	er 6 of	7					
	art I: Liabilities port liabilities over \$10,000 owed	a mortgage on your personal residence unless it is rented out; loans secured by	None _]																
du yo Ch	any one creditor at any time automobiles, household furniture or appliances; and liabilities owed to certain relatives listed in instructions. See instructions for revolving charge aring the reporting period. Exclude Creditors (Name and Address) Type of Liability Category of Amount or appliances; and liabilities owed to certain relatives listed in instructions. See instructions for revolving charge accounts. Date Interest Term if Rate applicable applicable applicable applicable applicable applicable applicable accounts.													\$5,000,001 - \$25,000,000	\$25,000,001 - \$50,000,000	Over \$50,000,000				
	First District Bank Washington DC													\$5, \$2,	\$2;	\$50				
Exa																F-				
1	John Jones, Washington, DC Promissory note 1999 10% on demand x Barclay credit card debt 2014 27.24% revolving X															<u> </u>				
2	Bank of America	credit card debt	2011	11.99%	revolving	X	<u> </u>													
3	Federal Loan Servicing - U.S. Department of Education Student Loan (Dependent Children) 2012 7.21% 10 yrs																			
4																				
5																1				
* ' V	This category applies only if the liability is it the spouse or dependent children, ma	solely that of the filer's spouse or dependent child rk the other higher categories, as appropriate.	ren. If the li	ability is tl	nat of the fil	er or a	a joint	liabil	ity of	the fil	er	•				<u> </u>				
Re en	ployee benefit plan (e.g. pension, 40	r Arrangements ats for: (1) continuing participation in an 1k, deferred compensation); (2) continua- (including severance payments); (3) leaves	of abser	nce; and (egotiation	4) future on the formal of the	emplo of the	ymei ese ar	nt. See	e inst ement	ructions ts or l	ons re benef	egard its.	ing tł	-	ort- None	: 🔲				
-	Status and T	Cerms of any Agreement or Arrangement							Parti	es					I	Date				
Exa	mple Pursuant to partnership agreement calculated on service performed th	t, will receive lump sum payment of capital account & parough 1/00.	rtnership sh	are	Doe Jones	& Smit	h, Hor	netown	ı, State						7	7/85				
	Terms of book contract provides for royalty payme 20% of audio and downloadable editions (Unintim	ents of 5 to 15% of hardcover editions, 7.5 to 10% of paperbaidated)	ck editions, a	nd 10 to	Penguin Gr	oup US	A, Nev	v York,	NY						01.					
Participant in Milwaukee County 457 Deferred Compensation Plan (Employee Trust Fund) Great-West Retirement Services, Madison, WI												02								
3	Participant in Wisconsin 457 Deferred Comensati	on Program (Employee Trust Fund)			Great-West	Retirer	nent S	ervices,	, Madis	on, WI					1/	10				
4																				
5																				
6																				

Repo	orting Individual's Name		SCHEDULE D		Page Number	
<u>'</u>			301122 022 2		7 of	7
Rep sate trus	ort any positions held during the aped or not. Positions include but are partner, groprietor, representation, firm, partnership, or of	pplicable reporting period, whethe not limited to those of an officer, d presentative, employee, or consult	er compen- organization or education or social, fraternal, or posant of nature.	ational institution. Exclude positions olitical entities and those solely of an	honorary	one
	Organization (Name	and Address)	Type of Organization	Position Held	From (Mo., Yr.)	To (Mo.,Yr.)
Exam	Nat'l Assn. of Rock Collectors, NY, NY		Non-profit education	President	6/92	Present
Exam	Doe Jones & Smith, Hometown, State		Law firm	Partner	7/85	1/00
1 5	State of Wisconsin		Government	Governor	01/2011	Present
2	National Governor's Association		Trade Association	Board Member	07/2012	7/15/2015
3						
4						
5						
6						
Rer bus the	ort II: Compensation ort sources of more than \$5,000 cosiness affiliation for services provide reporting period. This includes the poration, firm, partnership, or other	ompensation received by you or you ed directly by you during any one names of clients and customers o	our non-profit organizati year of you directly provided f any services generating a	ion when Presidential or Presi	tion Filer, or dential Cano You	r Vice
	Source (Name an	nd Address)		Brief Description of Duties		
Exar	Doe Jones & Smith, Hometown, State Metro University (client of Doe Jones & S	Smith), Moneytown, State	Legal services Legal services in connection with univers	sity construction		
1						
2						
3				-		
4						
5						
6						