Page 1 of 6

LEGISLATIVE RESOURCE CENTER
2013 SEP 16 PM 12: 20

Period covered: January 1, 2013 -

Soptember

2013

FORM B
For use by candidates and new employees

Name: Hartwell Neil

Daytime Telephone

**UNITED STATES HOUSE OF REPRESENTATIVES** 

FINANCIAL DISCLOSURE STATEMENT

U.S. HOUSE OF REPRESENTATIVES

(Office Use Only)

A \$200 penalty shall be assessed against any individual who files more than 30 days late.

In all sections, please type or print clearly in blue or black ink

New officer or employee

Employing Office:

Candidate for the House of Representatives

State: Louisiana
District: 5

Place of October (1, 2013

Check if Amendment

Filer Status

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	esponse.	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response	d and the	e answered	Each question in this part must be
<u>₹</u>	Yes [	VI. Did you receive compensation of more than \$5,000 from a single source in the two prior years?  If yes, complete and attach Schedule VI.	No	Yes	III. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period?  If yes, complete and attach Schedule III.
<b>₹</b>	Yes	V. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule V.	₹	Yes	II. Did you, your spouse, or a dependent child receive "unearned" income of more than \$200 in the reporting period or hold any reportable asset worth more than \$1,000 at the end of the period? If yes, complete and attach Schedule II.
□ 	řes 🖂	IV. Did you hold any reportable positions on or before the date of filing in the current calendar year or in the prior two years?  If yes, complete and attach Schedule IV.	<u>\$</u>	Yes 🔀	I. Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 or more from arry source in the reporting period? If yes, complete and attach Schedule I.
		OF COROLLONS	ן קר וווק	באכת	RELIMINARY INFORMATION - ANSWER CACH OF THESE GOESTIONS

# EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

<b>EXEMPTION</b> —Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	<b>TRUSTS</b> —Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or a dependent child?
eg	Yes 🗌
<del>₹</del>	No No

### SCHEDULE I — EARNED INCOME (INCLUDING HONORARIA)

Name Hartwell Neil Riser,

Page 2 of 6

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling \$200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding \$1,000. See examples below.

**Exclude:** Military hay (such as National Guard or Reserve hay), federal retirement programs, and benefits received under the Social Security Act

Exclude: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.	ment programs, and benefits re	eceived under the Social S	security Act.
Source (include date of receipt for honoraria)	Type	Amount	
	. 9 77	Current Year to Filing	Preceding Year
XYZ Corporation, Houston, TX	Salary	\$6,300	\$28,450
	Director's Fee	\$400	\$3,200
XYZ Trade Association, Chicago, IL (Rec'd December 2)	Honorarium	0	\$1,000
Harris County, Texas Public Schools	Spouse Salary	NA	NA
Hartwell Heil Riser Fred Home Salary	Salavy	48,185. 31	
tick Riser Riser Funeral Homo, Columbia, LA	Salary	17,000,00	
Lincousines Unlimited of Northwest LA, West Nonroe, A Director's Fees	Director's Feed	3600.00	
CAbi-(Commissions), Los Angeles, CA	Commission	9391.07	
Caldwell Bank and Trust, Columbia, LA	Director Feed	9800,00	
LA State Senate	Salary	25481.00	
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LA Public Emp Deferrations	> Invesco-IRA	SP TIAA CREF	Merrill Lynch	Caldwell South + Trust Stock	50 Century Link, Stock		DC, Examples: Simon & Schuster	SP, SP Mega Corp. Stock	homes and vacation homes ( <i>unless</i> there was rental income during the reporting period); any deposits totaling \$5,000 or less in personal checking or savings accounts; and any financial interest in, or income derived from, a federal retirement program, including the Thrift Savings Plan.  If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held with your spouse (JT), in the optional column on the far left.  For a detailed discussion of Schedule II requirements, please refer to the instruction booklet.	Exclude: Your personal residence, including second	For an ownership interest in a privately-held business that is not publicly traded, state the name of the business, the nature of its activities, and its geographic	account that exceeds the reporting thresholds.  For rental or other real property held for investment, provide a complete address or a description, e.g., "rental property," and the city and state.	For all IRAs and other retirement plans (such as 401(k) plans) provide the value for each asset held in the	Provide complete names of stocks and mutual funds (do not use ticker symbols).	Identify (a) each asset held for investment or production of income with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other reportable asset or sources of income which generated more than \$200 in "unearned" income during the year.	Asset and/or Income Source	BLOCK A
X		×	><	>	><	×	Indefinite	×	None \$1 - \$1,000 \$1,001 - \$15,000 \$15,001 - \$50,000 \$50,001 - \$100,000 \$250,001 - \$500,000 \$250,001 - \$500,000 \$500,001 - \$1,000,000 \$1,000,001 - \$5,000,000 \$5,000,001 - \$25,000,000 \$25,000,001 - \$25,000,000 \$25,000,001 - \$25,000,000 \$25,000,001 - \$25,000,000 \$25,000,001 - \$25,000,000		A BB C C D E F F F F F F F F F F F F F F F F F F	nn is for assets solely held ouse or dependent child.	it generated income, the value should be "None."	If an asset was sold during the report-	Indicate value of asset at close of reporting year. If you use a valuation method other than fair market value, please specify the method used.	Value of Asset	BLOCK B
			><		×	×	Royalties	×	NONE DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST TAX-DEFERRED Other Type of Income (Specify: e.g., Partnership Income or Farm Inco	ome)		if the asset generated no income during the reporting period.	interest, and capital gains, even if reinvested, must be disclosed as income. Check "None"	plans or IRAs), you may check the "Tax-Deferred" column. <b>Dividends</b> ,	Check all columns that apply. For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k))	Type of Income	вгоск с
				><			X	×	None \$1 - \$200 \$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 \$1,000,001 - \$5,000,000 Over \$5,000,000 Spouse/DC Income over \$1,000,000* None \$1 - \$200 \$201 - \$1,000 \$1,001 - \$2,500 \$2,501 - \$5,000 \$5,001 - \$15,000 \$5,001 - \$15,000 \$50,001 - \$15,000	III III V V VI VII VIII X X XI XII II III I	Current Year Preceding Year		<ul> <li>* This column is for income derived from assets solely held by your</li> <li>spouse or dependent child.</li> </ul>		For assets for which you checked "Tax-Deferred" in Block C, you may check the "None" column. For all other assets, indicate the category of income by checking the appropriate box below. <b>Dividends, interest</b> , and capital cains, even if reinvested, must be disclosed as	Amount of Income	BLOCK D

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SCHEDULE II — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

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Name Hartwell Neil Riser, Ir Page 4 or 6

Asset and/	BLOCK A  Asset and/or Income Source	6	> B	<u>*</u>	7	<u> </u>		BLOCK B	À X	BLOCK B  Value of Asset	*				_	₹	P	Ö	BLOCK C	į											<u> </u>	Ď	BLOCK D	_								
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• • • • • • • • • • • • • • • • • • • •				\$1,000 1 – \$15,000	01 <b>- \$15,000</b>	01 - \$100,000	001 - \$250,000	001 – \$500,000	001 - \$1,000,000	0,001 - \$5,000,00	0,001 - \$25,000,0	00,001 - \$50,000	\$50,000,000 se/DC Asset over \$		DENDS		REST	TAL GAINS	PTED/BLIND TRI	DEFERRED	er Type of Income- nership Income or Fa	.s.onp moone or re	200	- \$1,000	1 – \$2,500	1 \$5,000	1 - \$15,000	01 <b>- \$50,000</b>	01 - \$100,000 001 - \$1,000,000	0,001 - \$5,000,000	\$5,000,000	DC Income over \$1,000,00		200	<b>- \$1,000</b> 1 <b>- \$2,</b> 500	1 - \$5,000	1 – \$15,000	01 - \$50,000	01 – \$100,000	001 - \$1,000,000	0,001 – \$5,000,000	<b>5,000,000</b> DC Income over \$1,000,00
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#### SCHEDULE III — LIABILITIES

Name Hartwell Nail Kiser, Ir

Page S of 6

owed during the reporting period. Exclude: Any mortgage on your personal residence (unless there is rental income); loans secured by automobiles, household furni-Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. Mark the highest amount ling of you or your spouse. Report revolving charge accounts (i.e., credit cards) only if the balance at the close of the previous calendar year exceeded \$10,000. ture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); and liabilities owed to a spouse, or the child, parent, or sib-

		1						mour	nt of L	Amount of Liability	Ĭ			
D နှ	Creditor	Date Liability	Type of Liability	A	8	C	_	П			•			* *
JT,	Creditor	Incurred mo/year	туре от шаршту	\$10,001— \$15,000	\$15,001— \$50,000 <b>\$50,001</b> —	\$100,000	\$100,001— \$250,000 <b>\$250,001</b> —	\$500,000 \$500,001—	\$1,000,000 <b>\$1,000,00</b> 1-	\$5,000,000 \$5,000,001-	\$25,000,000 <b>\$25,000,00</b> 1 <b>\$50,000,00</b> 0	Over	\$50,000,000 Spouse/DC Liability over	Liability over \$1,000,000
	Example: First Bank of Wilmington, DE	May 1998	Mortgage on 123 Main Street, Dover, DE					Н	Н				Н	
<b>5</b> P	Capital One	2013	Credit Card	$\times$										

#### **SCHEDULE IV — POSITIONS**

cer, director, trustee, partner, proprietor, representative, employee, or consultant of any corporation, company, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. Report all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year and in the two prior years as an offi-

and positions solely of an honorary nature. Exclude: Positions listed on Schedule I; positions held in any religious, social, fraternal, or political entities (such as a political party or campaign organization);

Position	Name of Organization
President	Riser and Son Funeval Home Inc
birector	Limousings Marlimited

#### SCHEDULE V — AGREEMENTS

Name Hartwell Neil Riser, Ir

Page 6 of 6

Terms of Agreement	Date Parties To
rith respect to: future employment; a leave of absence during the period of government rhan the U.S. Government; or continuing participation in an employee welfare or ben-	Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employ service; continuation or deferral of payments by a former or current employer other than the U.S. Government; effit plan maintained by a former employer.

•		
Date	Parties To	Terms of Agreement
	$\lambda \sim 1 \lambda $	

## SCHEDULE VI — COMPENSATION IN EXCESS OF \$5,000 PAID BY ONE SOURCE

Report sources of such compensation received by you or your business affiliation for services provided directly by you during the two prior years. This includes the names of clients and customers of any corporation, firm, partnership, or other business enterprise, or any nonprofit organization if you directly provided the services generating a fee or payment of more than \$5,000. Exclude: Payments by the U.S. Government and any information considered confidential as a result of a privileged relationship recognized by law. Do not repeat information listed on Schedule I.

Source (Name and Address)	Brief Description of Duties
Example: Doe Jones & Smith, Hometown, Homestate	Accounting services
1 ML	