



Filing ID #10013962

# FINANCIAL DISCLOSURE REPORT

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## FILER INFORMATION

**Name:** Dr. Joseph C. Swider  
**Status:** Congressional Candidate  
**State/District:** LA01

## FILING INFORMATION

**Filing Type:** Candidate Report  
**Filing Year:** 2016  
**Filing Date:** 09/2/2016

## SCHEDULE A: ASSETS AND "UNEARNED" INCOME

Asset	Owner	Value of Asset	Income Type(s)	Income Current Year to Filing	Income Preceding Year
Previously ONT on the exchange, delisted		\$1 - \$1,000	None		
DESCRIPTION: Stock I purchased a long time ago in a company specializing in dental therapeutics. Eventually it was delisted.					
Swider Strategies LLC, 50% Interest	JT	\$250,001 - \$500,000	Rent	None	None
LOCATION: New Orleans, LA, US DESCRIPTION: I am a "silent partner"/half owner of an apt. complex with my brother. I have received no income from this property (my brother manages it and receives this), though I have incurred some financial losses through the years, (owned it 12 years with my brother).					
The American Funds		\$1,001 - \$15,000	Tax-Deferred		
DESCRIPTION: The American Funds, valued around \$11,000 currently.					

## SCHEDULE C: EARNED INCOME

Source	Type	Amount Current Year to Filing	Amount Preceding Year
River Oaks Hospital	salary	\$190,000.00	\$190,000.00
Grace Behavioral Health clinic	salary	\$33,600.00	\$33,600.00

Source	Type	Amount Current Year to Filing	Amount Preceding Year
Clarke Behavioral Health	salary	\$3,600.00	\$3,600.00

**SCHEDULE D: LIABILITIES**

None disclosed.

**SCHEDULE E: POSITIONS**

None disclosed.

**SCHEDULE F: AGREEMENTS**

None disclosed.

**SCHEDULE J: COMPENSATION IN EXCESS OF \$5,000 PAID BY ONE SOURCE**

Source (Name and Address)	Brief Description of Duties
River Oaks Hospital,Grace,Clarke behavioral health (Harrahan, LA, US)	Staff physician

**EXCLUSIONS OF SPOUSE, DEPENDENT, OR TRUST INFORMATION**

**Trusts:** 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 dependent child?

☐ Yes ☒ No

**Exemption:** 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?

☐ Yes ☒ No

**CERTIFICATION AND SIGNATURE**

☒ I CERTIFY that the statements I have made on the attached Financial Disclosure Report are true, complete, and correct to the best of my knowledge and belief.

**Digitally Signed:** Dr. Joseph C. Swider , 09/2/2016