

LOUISIANA BOARD OF ETHICSPost Office Box 4368
Baton Rouge, Louisiana 70821**TIER 2 PERSONAL FINANCIAL DISCLOSURE STATEMENT (FOR CANDIDATES)**This Report Covers Calendar Year: 2011☐ ORIGINAL REPORT☒ AMENDED REPORT☒ I currently hold an office that would require me to file a Tier 2.1, or Tier 3 Personal Financial Disclosure Statement. As such, I have completed SCHEDULE L.Office Sought: State Senator District 32 Incumbent: ☒ Yes ☐ NoDate of Election: 10-22-11Date Qualified: 9-6-11Name of Filer (print full name): Hartwell Neil Riser, Jr.Mailing Address: PO Box 117City, State, Zip: Columbia, La 71418Name of Spouse (print full name): Vicki S. RiserSpouse's Occupation: Business managerSpouse's Principal Business Address: PO Box 57, 7131 Hwy 165City, State Zip: Columbia, La 71418

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. 18:1495.7 and 42:1124.2 does not provide candidates the opportunity to request an extension in filing their personal financial disclosure statements.**Certificate of Accuracy**

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

Signature of Filer

Sworn to and subscribed before me on this 23rd day of October, 2012Annette C. McGuffee

Notary Public (print name)

Annette C McGuffee

Notary Public (signature)

ID# 5251Date Commission Expires at death

LOUISIANA BOARD OF ETHICSPost Office Box 4368
Baton Rouge, Louisiana 70821**Schedule A: Employment Information**

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

Job Title: Funeral Director

Name of Employer: Riser & Son Funeral Home, Inc.

Address: PO Box 57

City, State, Zip: Columbia, La 71418

Job Description: _____

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

Job Title: Business manager

Name of Employer: Riser & Son Funeral Home, Inc.

Address: PO Box 57

City, State, Zip: Columbia, La 71418

Job Description: office manager

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

Job Title: La State Senator, District 32

Name of Employer: La State Senate

Address: PO Box 117

City, State, Zip: Columbia, La 71418

Job Description: La State Senator

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

Job Title: _____

Name of Employer: _____

Address: _____

City, State, Zip: _____

Job Description: _____

- You are required to disclose employment information related to both you and your spouse.
- 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.

LOUISIANA BOARD OF ETHICSPost Office Box 4368
Baton Rouge, Louisiana 70821**SCHEDULE B: POSITIONS - BUSINESS**☒ Filer ☐ Spouse ☐ BothAmount of Interest (amount exceeds 10%): 33 %Name of Business: Riser & Son Funeral Home, IncAddress: PO Box 57City, State, Zip: Columbia, La 71418Business Description: performs Funerals & sells pre-need policiesNature of Association: shareholder & President☐ Filer ☒ Spouse ☐ BothAmount of Interest (amount exceeds 10%): 100 %Name of Business: Vicki S. RiserAddress: 297 Hearn Island DriveCity, State, Zip: Columbia, La 71418Business Description: Independent Clothing ConsultantNature of Association: Owner☐ Filer ☐ Spouse ☐ Both

Amount of Interest (amount exceeds 10%): _____ %

Name of Business: _____

Address: _____

City, State, Zip: _____

Business Description: _____

Nature of Association: _____

☐ Filer ☐ Spouse ☐ Both

Amount of Interest (amount 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, 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, sole proprietorship, firm, enterprise, franchise, association, business, organization, self-employed individual, holding company, trust, or any other legal entity or person.

LOUISIANA BOARD OF ETHICSPost Office Box 4368
Baton Rouge, Louisiana 70821**Schedule C: Positions – Nonprofit**☒ Filer ☐ SpouseName of Organization: n/a

Address: _____

City, State, Zip: _____

Nature of Association: _____

Description of Organization: _____

☐ Filer ☒ SpouseName of Organization: n/a

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 agency.**

LOUISIANA BOARD OF ETHICSPost Office Box 4368
Baton Rouge, Louisiana 70821**Schedule D: Income from the State, Political Subdivisions, and/or Gaming Interests**☒ 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: Louisiana State SenateAddress: P.O. Box 117City, State, Zip: Columbia, La 71418Amount of Income (exact dollar amount): \$ 30,742.63☐ 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 D if you or your spouse received income 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.

LOUISIANA BOARD OF ETHICSPost Office Box 4368
Baton Rouge, Louisiana 70821**Schedule E: Income Received from Employment**☒ Filer ☐ Spouse ☐ Full-time ☐ Part-timeName of Employer: Riser & Son Funeral Home, IncAddress: PO Box 57City, State, Zip: Columbia, La 71418

Nature of Services (pursuant to such employment): _____

Amount of Income: ☐ Category I (less than \$5,000) ☐ Category II (\$5,000-\$24,999)
☒ Category III (\$25,000-\$100,000) ☐ Category IV (more than \$100,000)☐ Filer ☐ Spouse ☐ Full-time ☐ Part-time

Name of Employer: _____

Address: _____

City, State, Zip: _____

Nature of Services (pursuant to such employment): _____

Amount of Income: ☐ Category I (less than \$5,000) ☐ Category II (\$5,000-\$24,999)
☐ Category III (\$25,000-\$100,000) ☐ Category IV (more than \$100,000)☐ Filer ☐ Spouse ☐ Full-time ☐ Part-time

Name of Employer: _____

Address: _____

City, State, Zip: _____

Nature of Services (pursuant to such employment): _____

Amount of Income: ☐ Category I (less than \$5,000) ☐ Category II (\$5,000-\$24,999)
☐ Category III (\$25,000-\$100,000) ☐ Category IV (more than \$100,000)☐ Filer ☐ Spouse ☐ Full-time ☐ Part-time

Name of Employer: _____

Address: _____

City, State, Zip: _____

Nature of Services (pursuant to such employment): _____

Amount of Income: ☐ Category I (less than \$5,000) ☐ Category II (\$5,000-\$24,999)
☐ Category III (\$25,000-\$100,000) ☐ Category IV (more than \$100,000)

* You are required to complete SCHEDULE E to disclose the income received by you or your spouse for each full-time or part-time employment position held.

* "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.

* Income that is reported on SCHEDULE D does not have to be restated on SCHEDULE E.

* Income received through self-employment is reported on SCHEDULE F.

LOUISIANA BOARD OF ETHICSPost Office Box 4368
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- ☐ Category I (less than \$5,000) ☐ Category II (\$5,000-\$24,999)
☐ Category III (\$25,000-\$100,000) ☐ Category IV (more than \$100,000)

☒ Filer ☐ Spouse

Name of Business: Limousines Unlimited
Address: 408 Downing Pines Road
City, State, Zip: West Monroe, La 71292

Nature of services rendered or reason income was received: Director Fees

☒ Filer ☐ Spouse

Name of Business: Caldwell Holding Company
Address: 408 Wall Street
City, State, Zip: Columbia, La 71418

Nature of services rendered or reason income was received: Director Fees

☐ Filer ☐ Spouse

Name of Business: _____
Address: _____
City, State, Zip: _____

Nature of services rendered or reason income was received: _____

☐ Filer ☐ Spouse

Name of Business: _____
Address: _____
City, State, Zip: _____

Nature of services rendered or reason income was received: _____

*You are required to complete SCHEDULE F if you or your spouse received income from a business interest.

* "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.

*Income reported on SCHEDULE D or E does not have to be restated on SCHEDULE F.

LOUISIANA BOARD OF ETHICSPost Office Box 4368
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☐ Category III (\$25,000-\$100,000) ☐ Category IV (more than \$100,000)☒ Filer ☐ SpouseDescription of Income: Dividend IncomeNature of services rendered or reason income was received: InvestmentAmount of Income: ☐ Category I (less than \$5,000) ☒ Category II (\$5,000-\$24,999)
☐ Category III (\$25,000-\$100,000) ☐ Category IV (more than \$100,000)☐ Filer ☐ Spouse

Description of Income: _____

Nature of services rendered or reason income was received: _____

Amount of Income: ☐ Category I (less than \$5,000) ☐ Category II (\$5,000-\$24,999)
☐ Category III (\$25,000-\$100,000) ☐ Category IV (more than \$100,000)☐ Filer ☐ Spouse

Description of Income: _____

Nature of services rendered or reason income was received: _____

Amount of Income: ☐ Category I (less than \$5,000) ☐ Category II (\$5,000-\$24,999)
☐ Category III (\$25,000-\$100,000) ☐ Category IV (more than \$100,000)

*You are required to complete SCHEDULE G if you or your spouse received any other type of income that exceeded \$1,000 from any one source.

* "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.

*You are not required to report income that is derived from child support and alimony payments contained in a court order, or from disability payments from any source.

*Income that is reported on SCHEDULE D, E, or F does not have to be restated on SCHEDULE G.

LOUISIANA BOARD OF ETHICSPost Office Box 4368
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Location of Property

Country: U.S. State: Louisiana Parish/County: CaldwellDescription of Property: residenceValue of Property: ☐ Category I (less than \$5,000) ☐ Category II (\$5,000-\$24,999)
☐ Category III (\$25,000-\$100,000) ☒ Category IV (more than \$100,000)☐ Filer ☐ Spouse ☐ Both

Location of Property

Country: _____ State: _____ Parish/County: _____

Description of Property: _____

Value of Property: ☐ Category I (less than \$5,000) ☐ Category II (\$5,000-\$24,999)
☐ Category III (\$25,000-\$100,000) ☐ Category IV (more than \$100,000)☐ Filer ☐ Spouse ☐ Both

Location of Property

Country: _____ State: _____ Parish/County: _____

Description of Property: _____

Value of Property: ☐ Category I (less than \$5,000) ☐ Category II (\$5,000-\$24,999)
☐ Category III (\$25,000-\$100,000) ☐ Category IV (more than \$100,000)☐ Filer ☐ Spouse ☐ Both

Location of Property

Country: _____ State: _____ Parish/County: _____

Description of Property: _____

Value of Property: ☐ Category I (less than \$5,000) ☐ Category II (\$5,000-\$24,999)
☐ Category III (\$25,000-\$100,000) ☐ Category IV (more than \$100,000)

*If the immovable property does not have an address, disclose the location by state and parish or county.

* You are required to provide a brief description of the immovable property and its fair market value or use value (determined by the assessor for purposes of ad valorem taxes.)

LOUISIANA BOARD OF ETHICSPost Office Box 4368
Baton Rouge, Louisiana 70821**Schedule I: Investment Holdings** (An investment holding that exceeds \$5,000)☒ Filer ☐ Spouse ☐ BothName of Security: Caldwell Holding CompanyDescription of Security: Shares☒ Filer ☐ Spouse ☐ BothName of Security: Regions Morgan KeeganDescription of Security: deferred comp plan☒ Filer ☐ Spouse ☐ BothName of Security: La Public EmployeesDescription of Security: deferred comp plan☒ Filer ☐ Spouse ☐ BothName of Security: Century TelDescription of Security: shares

* You are required to complete SCHEDULE I if you or your spouse (either individually or collectively) holds investment securities where each investment security has a value that exceeds \$5,000.

* You are not required to disclose variable annuities, variable life insurance, variable universal life insurance, whole life insurance, any other life insurance product, mutual funds, education investment accounts, retirement investment accounts, government bonds, or cash/cash equivalent investments.

* You are not required to disclose information concerning any property held and administered for any person other than you or your spouse under a trust, tutorship, curatorship, or other custodial instrument.

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Schedule J: Transactions (A transaction that exceeds \$5,000)

Transaction Date:	
Description of Transaction:	
Amount of Transaction:	
<input type="checkbox"/> Category I (less than \$5,000)	<input type="checkbox"/> Category II (\$5,000-\$24,999)
<input type="checkbox"/> Category III (\$25,000-\$100,000)	<input type="checkbox"/> Category IV (more than \$100,000)

☐ Filer ☐ Spouse ☐ Both

Transaction Date: _____

Description of Transaction: _____

Amount of Transaction: ☐ Category I (less than \$5,000) ☐ Category II (\$5,000-\$24,999)
 ☐ Category III (\$25,000-\$100,000) ☐ Category IV (more than \$100,000)

☐ Filer ☐ Spouse ☐ Both

Transaction Date: _____

Description of Transaction: _____

Amount of Transaction: ☐ Category I (less than \$5,000) ☐ Category II (\$5,000-\$24,999)
 ☐ Category III (\$25,000-\$100,000) ☐ Category IV (more than \$100,000)

☐ Filer ☐ Spouse ☐ Both

Transaction Date: _____

Description of Transaction: _____

Amount of Transaction: ☐ Category I (less than \$5,000) ☐ Category II (\$5,000-\$24,999)
 ☐ Category III (\$25,000-\$100,000) ☐ Category IV (more than \$100,000)

* You are required to complete SCHEDULE J if you or your spouse (either individually or collectively) purchased or sold any immovable property, personally owned tax credit certificates, stocks, bonds, or commodities futures including any option to acquire or dispose of any immovable property or of any personally owned tax credit certificates, stocks, bonds, or commodities futures (which exceeds \$5,000 each).

*** You are not required to report variable annuities, variable life insurance, variable universal life insurance, whole life insurance, any other life insurance product, mutual funds, education investment accounts, retirement investment accounts, government bonds, cash or cash equivalent investments.**

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Schedule K: Liabilities (A liability that exceeds \$10,000)☒ Filer ☐ SpouseName of Creditor: Caldwell Bank & TrustAddress: 405 Wall StreetCity, State, Zip Columbia, La 71418Name of Guarantor (If applicable): Hartwell Neil Riser, Jr.☒ Filer ☐ SpouseName of Creditor: Homeland Federal Savings BankAddress: 7840 Hwy 165City, State, Zip Columbia, La 71418Name of Guarantor (If applicable): Hartwell Neil Riser, Jr.☐ Filer ☐ Spouse

Name of Creditor: _____

Address: _____

City, State, Zip _____

Name of Guarantor (If applicable): _____

*You are required to complete SCHEDULE K if you or your spouse (either individually or collectively) owes any liability which exceeds \$10,000 on the last day of the reporting period.

*You are not required to disclose any loan secured by movable property, if such loan does not exceed the purchase price of the movable property which secures the loan.

*You are not required to disclose any liability, secured or unsecured, which is guaranteed by you or your spouse for a business in which you or your spouse owns any interest, provided that the liability is in the name of the business and, if the liability is a loan, that you or your spouse does not use proceeds from the loan for personal use unrelated to business.

*You are not required to disclose any loan from an immediate family member, unless such family member is a registered lobbyist, or his principal or employer is a registered lobbyist, or he employs or is a principal of a registered lobbyist, or unless such family member has a contract with the State.

*"Consumer Credit Transaction" means a consumer loan or a consumer credit sale but does not include a motor vehicle credit transaction made pursuant to R.S. 6:969.1 et seq, R.S. 9:3516(13).

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Schedule L: Other Offices/Positions Held

Name of Office/Position: n/a

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 L if you hold any other office or position which would require you to file a personal financial disclosure statement under Section 1124.2.1 or 1124.3.**