

UNITED STATES HOUSE OF REPRESENTATIVES
2008 FINANCIAL DISCLOSURE STATEMENT
For 2007 Calendar Year Reporting Period

Form A
 For use by Members, officers, and employees

HAND DELIVERED

LAURA RICHARDSON

(Full Name)

202-225-7924

(Daytime Telephone)

2008 JUN 27 AM 10:34

LEGISLATIVE RESOURCE CENTER

(Office Use Only)

Filer Status	<input checked="" type="checkbox"/> Member of the U.S. House of Representatives	State: <u>PENNSYLVANIA</u>	District: <u>5TH</u>	<input type="checkbox"/> Officer or Employee	Employing Office:	Termination Date:
Report Type	<input type="checkbox"/> Annual (May 15)	<input checked="" type="checkbox"/> Amendment	<input type="checkbox"/> Termination	A \$200 penalty shall be assessed against anyone who files more than 30 days late.		

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

I. Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period? If yes, complete and attach Schedule I.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than \$305 and not otherwise exempt)? If yes, complete and attach Schedule VI.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? If yes, complete and attach Schedule II.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than \$305 from one source)? If yes, complete and attach Schedule VII.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
III. 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 III.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? If yes, complete and attach Schedule VIII.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
IV. Did you, your spouse, or a dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding \$1,000 during the reporting period? If yes, complete and attach Schedule IV.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	IX. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
V. 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 V.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.	

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

TRUSTS —Details regarding "Qualified Blind Trusts" approved by the Committee on standards of Official Conduct 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 <input type="checkbox"/> No <input checked="" type="checkbox"/>
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 <input type="checkbox"/> No <input checked="" type="checkbox"/>

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Source

	Approved Teaching Fee	\$6,000
Keene State	Legislative Pension	\$9,000
State of Maryland	Spouse Speech	\$1,000
Examples: Civil War Roundtable (Oct. 2nd)	Spouse Salary	NA
Ontario County Board of Education		

STATE OF CALIFORNIA, STATE ASSEMBLY

STATE OF CALIFORNIA, STATE ASSEMBLY

SALARY

PER DIEM

80,000
29,000