Name:

Report Type Status Filer

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

the ynse.	vered and Yes" respo	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response	No O	Yes No	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.
8	Yes No	IX. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX.	× ×	Yes	. 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.
S S	Yes No	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.	S S	Yes	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.
<u>8</u>	Yes No	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than \$335 from one source)? If yes, complete and attach Schedule VII.	¥ ⊠	Yes	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	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than \$335 and not otherwise exempt)? If yes, complete and attach Schedule VI.	No.	Yes	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.
				1	

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

₹ ×	Yes	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? Do not answer "yes" unless you have first consulted with the Committee on Ethics.
₹ ⊠	Yes	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?

Name	
LAURA	
RICHARD SON	

SCHEDULE I—EARNED INCOME

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 pay (such as National Guard or Reserve pay), 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.	ts received under the Social Sec	curity Act
Cource	Approved Teaching Fee	\$6,000
State of Maryland	Legislative Pension	\$9,000
	Spouse Speech	\$1,000
Ontario County Board of Education	Spouse Salary	NA
NA		
	,	

Name
ASA ASA
RICHARDSON
Pa

Page 3 of 9

SCHEDULE II — PAYMENTS MADE TO CHARITY IN LIEU OF HONORARIA

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Ethics. A green envelope for transmitting the list is included in each Member's filing package.

Source	Activity	Date	Amount
	Speech	Feb. 2, 2010	\$2,000
EXamples: XYZ Magazine	Article	Aug. 13, 2010	\$500
N/A	T-years		

-Mio CAP STROKS	NATION LUMBER REPRESENT	XENOX R		Examples:	SP, SP Mega Corp. Stock	ment accounts which are not self-directed, provide only the name of the institution holding the account and its value at the end of the reporting period. For rental or other real property held for investment, provide a complete address. 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 location in Block A. Exclude: Your personal residence, including second homes and vacation homes (unless there was rental income during the reporting period); any deposits totaling \$5,000 or less in a personal checking or saving 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 III requirements, please refer to the instruction booklet.	Asset and/or Income Source 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. Provide complete names of stocks and mutual funds (do not use ticker symbols.) For all IRAs and other retirement plans (such as 401(k) plans) that are self-directed (i.e., plans in which you have the power, even if not exercised, to select the specific investments), provide the value for each asset held in the account that exceeds the reporting thresholds. For retire-
××	×	X	X	Indefinite	X	None \$1 - \$1,000 \$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 \$1,000,001 - \$5,000,000 \$1,000,001 - \$5,000,000 \$5,000,001 - \$5,000,000 \$7 Cver \$50,000,000 □	BLOCK B Value of Asset 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. If an asset was sold during the reporting year and is included only because it generated income, the value should be "None."
××		X	×	Royalties	X	NONE DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST Other Type of Income (Specify: e.g., Partnership Income or Farm Income)	Type of Income 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) plans or IRAs), you may check the "None" column. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if the asset generated no income during the reporting period.
		×	×	×	×	None - \$1 - \$200 = \$201 - \$1,000 ≡ \$1,001 - \$2,500 ⋜ \$2,501 - \$5,000 <	Amount of Income Amount of Income Amount of Income For retirement accounts that do not allow you to choose specific investments of that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the "None" column. For all other assets, indicate the category of income by checking the appropriate box below. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if no income was earned or generated.
					S (partial)	portion of an asset is sold, please indicate as follows: (S) (partial) See below for example. P, S, E	BLOCK E Transaction Indicate if the asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in reporting year.

SCHEDULE III—ASSETS AND "UNEARNED" INCOME

Name LAURA RICHARDSON

Page

9

Ġ

Continuation Sheet (if needed) $\mathrel{\mathrel{\sqsubseteq}}$ 8 Ŷ - PANGUAN FRANK - INCOME TOUR BHOWING IN PROPRIE - LAVAR CHA THE SEASON SOLD Asset and/or Income Source HOL BERTINES LON-TROPEDY MANY THRUNTH CHAN - SHALL CAR this 3m-1302 X 949 5 DUSTIGHT HAN US ANGELES, CA ALL OCOS AND HAND INTERNATIONAL CONTACTOR CACHAMENTO, (14 888 3622 W. CURTS GREYDE MAY MALL MARK BLOCK A That ≻ None W × \$1 - \$1,000 O \$1,001 ~ \$15,000 D \$15,001 - \$50,000 Value of Asset Ш \$50,001 - \$100,000 Year-End BLOCK B П \$100,001 - \$250,000 G \$250,001 - \$500,000 I \$500,001 - \$1,000,000 \$1,000,001 - \$5,000,000 ے \$5,000,001 - \$25,000,000 ᄎ \$25,000,001 - \$50,000,000 Over \$50,000,000 NONE DIVIDENDS RENT INTEREST of Income BLOCK C CAPITAL GAINS Type EXCEPTED/BLIND TRUST Other Type of Income (Specify: e.g., Partnership Income or Farm income) None \$1 - \$200 | XII | IV | V | VI | VIII VIII | IX | Amount of Income \$201 - \$1,000 \$1,001 ~ \$2,500 BLOCK D \$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 Transaction BLOCK E சுல்ப

SCHEDULE IV— TRANSACTIONS

Name LANKA RICHARDSAN

Page 6

dren, or the purchase or sale of your personal residence, unless it generates rental income. If only a portion of an asset is sold, please so indicate (<i>i.e.</i> , "partial sale"). See example below.	resulted in a capital loss. Provide a brief description of any exchange transaction. Exclude transactions between you, your spouse or dependent chil-	Report any purchase, sale, or exchange transactions by you, your spouse, or dependent child during the reporting period of any security or real property held for investment that exceeded \$1,000. Include transactions that
CHASE		of Trai
IANGE		ype rsaction
Box if Ca xceeded	apital \$200	
or Quarterly, Monthly, or	(MO/DAY/YR)	Date
•	>	
<u>-</u>	œ	
-	в С	Am
)1-)0		Amount
)1-	O	Amount of T
)1-)0)1-	о О	Amount of Trans
)1-)0)1-)0	о О	Amount of Transaction
01- 00 01- 00 11- 000 001- 000 001- 0,000	C m	Amount of Transaction
01- 00 01- 00 01- 000 001- 000	C D m	Amount of Transaction

					`				T						S			-
;														SP	P, DC, JT	ates renta cate (i.e., Capital G of \$200, c	resulted in action. Ex	Report ar or depend erty held
													N/A	Example:		al income. If a spartial sale is ains — if a spartial sale heak the "cap	n a capital los clude transac	ny purchase, a dent child duri for investmen
	•									,		i		Mega Corporation C	Asset	nly a portion of an as- r'). See example below sales transaction resulte ital gains" box and discl	s. Provide a brief descriptions between you, you	sale, or exchange trans ing the reporting period nt that exceeded \$1,00
														ommon Stock (partial sale)		iset is sold, please so indi- iset is sold, please so indi- din a capital gain in excess ose this income on Schedule	ption of any exchange trans- ir spouse or dependent chil-	Report any purchase, sale, or exchange transactions by you, your spouse, or dependent child during the reporting period of any security or real property held for investment that exceeded \$1,000. Include transactions that
																PURCHASE		of Tr
														×		SALE		Type of Transaction
							,									EXCHANGE		tion
		,									,					Check Box if (Gain Exceede	Capital d \$200	1
											and the same of th			10-12-10		Quarterly, Monthly, or Bi-weekly, if applicable	(MO/DAY/YR)	Date
																\$1,001- \$15,000	>	-
ļ													ļ	×		\$50,000	œ	
			ļ	-										L		\$100,000	C	Amo
								-					<u> </u>			\$250,000		unt c
						<u> </u>							 	\vdash	-	\$500,000 \$500,001-		of Tra
			-												-	\$1,000,001-	.' ភ	Amount of Transaction
	<u> </u>			 		1						-		H		\$5,000,001-	I	ig
										-			1	l		\$25,000,001- \$50,000,000	_	1
																Over \$50,000,000	د	
															N/A N/A 10-12-10 N/A 10-12-10	Asset Example: Mega Corporation Common Stock (partial sale)	A A A A A A A A A A	A A A A A A A A A A

SCHEDULE V— LIABILITIES

Name LANKA RICHARDSON Page T

during the year. Exclude: Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, 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 sibling of you or your spouse. Report revolving charge accounts (i.e., credit cards) only if the balance at the close of the preceding calendar year exceeded \$10,000. 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 owed

4					SP, DC, JT	
BENEFICIAL (NOT REQUIRE) TO UST	LAW OFFICER OF O HOUSEN A KAR	LAND CHICKS OF PERLANS COME	J.P. MORGAN CHASE	Example: First Bank of Wilmington, DE	Creditor	
				May 1998	Liability Incurred Mo/Year	Date
Horizage on 1900-1902 W. 9494 St. Los Augues	LEGAL SERVICES	LEGAL SERVICES	MARIANTE ON 3622, WERE CUSTOS	Mortgage on 123 Main St., Dover, DE	Type of Liability	
					\$10,001- \$15,000	
					\$15,001- \$50,000	
		×	_		\$50,001- \$100,000	
	×			×	\$100,001- \$250,000	Ато
<u> </u>	-				\$250,001- \$500,000 m	ınt of
		ļ .	×		\$500,001- \$1,000,000	Amount of Liability
	_				\$1,000,001- \$5,000,000	ity
					\$5,000,001- \$25,000,000 ± \$25,000,001-	
				L	\$50,000,000 Over	-
1 1			1	l i	\$50,000,000	

SCHEDULE VI— GIFTS

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of \$134 or less need not be added towards the \$335 disclosure threshold. Report the source, a brief description, and the value of all gifts totalling more than \$335 received by you, your spouse, or a dependent child from any source during the year.

Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Standards)	\$345
N/A		
		-

Name	
LASE!	
RICHARDON	

 \propto

SCHEDULE VII -- TRAVEL PAYMENTS AND REIMBURSEMENTS

you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were paid directly by the sponsor Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than \$335 received by

or were paid by you and reimbursed by the sponsor. **Exclude:** Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you.

Source	Date(s)	City of Departure—Destination— City of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Number of days not at sponsor's expense
Examples: Chicago Chamber of Commerce	Mar. 2	DC—Chicago—DC	z	z	Z	None
	Aug. 6-11	DC—Los Angeles—Cleveland	Υ	~	Υ	2 Days
COCFOUNDATION SHOUSES CONFEDENCE THE 12-14-17	July 12-1491	DC-KinualeBurg-DC	γ	Υ	Y	Novie
					-	•
	•					,
	·					
CBO INDAME	Ava, 12-14	LA-TONICA-LA	4	~	Z	香州
	N.4-7	14-145/EGE-14	7	~	Z	Nexe
Cash visa lates to wanted	SH. 7-11	10-49万,出现了一年	~	~	Z	香
			, ,			,
		7				

SCHEDULE VIII—POSITIONS

Name LAURA RICHARDSON

Page 4 of 4

organization, or any educational or other institution other than the United States. proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner,

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

Position		Name of Organization
Anvisory Bourd	Nor COMPRENSIMED	AMENIC LAUSE
HOVERDY BOLDS	Ne Commission	Miller Children's Hospital
Hovisory Beared	Not Companyation	St. May Hodish

SCHEDULE IX—AGREEMENTS

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

Date	Parties To	Terms of Agreement
10/1987	XEROX COMPORATION	Communities of a semperient place that That I was no
1,5001	SHIFE OF CAUTBANIA	Consultation of a Destrephent plant that I can no
7		