IPO – Did you purchase any shares that were allocated as a part of an Initial Public Offering during the reporting period? If you answered "yes" to this question, please contact the Committee on Ethics for further guidance. E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing? D. Did you, your spouse, or your dependent child have any reportable liability (more than \$10,000) at any point during the reporting period? B. Did you, your spouse, or your dependent child purchase, sell, or A. Did you, your spouse, or your dependent child: 2013 FINANCIAL DISCLOSURE STATEMENT UNITED STATES HOUSE OF REPRESENTATIVES **TRUSTS** – Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. this report details of such a trust that benefits you, your spouse, or dependent child? IPO, EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER EACH OF THESE QUESTIONS C. Did you or your spouse have "earned" income (e.g., salaries, honoraria, or pension/IRA distributions) of \$200 or more during the exchange any securities or reportable real estate in a transaction PRELIMINARY INFORMATION - ANSWER EACH OF THESE QUESTIONS Name: Cedric L. Richmond exceeding \$1,000 during the reporting period? 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 reporting period? tests for exemption? REPORT TYPE FILER STATUS b. Make more than \$200 in unearned income from any reportable a. Own any reportable asset that was worth more than \$1,000 at the end of the reporting period? or asset during the reporting period? Do not answer "yes" unless you have first consulted with the Committee on Ethics. U.S. House of Representatives 2013 Annual (Due: May 15, 2014) Member of or Candidate for District: State: 02 X Yes X Z Z Yes Daytime Telephone: 202-225-6636 Amendment 몽 ₽ 0 Z Š For Use by Members, Officers, and Employees X X F. Did you have any reportable agreement or arrangement with an outside entity during the reporting period or in the current calendar year up through the date of filing? G. Did you, your spouse, or your dependent child receive any reportable gift(s) totaling more than \$350 in value from a single ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES" lieu of paying you for a speech, appearance, or article during the I. Did any individual or organization make a donation to charity in reportable travel or reimbursements for travel totaling more than \$350 in value from a single source during the reporting period? H. Did you, your spouse, or your dependent child receive any source during the reporting period? Form A Employee Officer or Employing Office: Termination Date: Have you excluded from OFFICE OF THE CLERK U.S. HOHISE OF REPRESENTATIVES U.S. (Office Use Only) LEGISLATIVE RESOURCE CENTER 2014 JUN 24 PM 1:47 HAND DELIVERED of 6 Yes Yes Yes Yes Yes Ύes Yes X ¥ 중 Š Š Š Š ş

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SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name: Cedric. L. Richmond

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Insured Deposit Acat	To Ameritande	property in New Orleans		in Jeff Davis	50% of 78 acres of	ABC Hedge Fund X	JT Simon & Schuster	SP Mega Corp. Stock EF	For rental and other real property held for investment, provide a complete address or description, e.g., rental property, and a city and state. For an ownership interest in a privately-held business that is not publiely 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); and any financial interest in, or income derived from, a federal retirement program, including the Thriff Savings Plan, If you have a privately-traded fund that is an Excepted Investment Fund, please check the "EIF" box. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC), or jointly held with anyone (JT), in the optional column on the far left. For a detailed discussion of Schedule A requirements, please refer to the instruction booklet.	For bank and other cash accounts, total the amount in all interest-bearing accounts. If the total is over \$5,000, list every financial institution where there is more than \$1,000 in interest bearing accounts.	BLOCK A Asset and/or Income Source Identify (a) each asset held for investment or production of income and with a fair market value exceeding \$1,000 at the end of the reporting period; and (b) any other reportable asset or source of income that generated more than \$200 in 'unearned' income during the year. Provide complete names of stocks and mutual funds (do not use only ticker symbols). For all IRAs and other retirement plans (such as 401(k) plans) provide ite value for each asset held in the account that acceseds the reporting thresholds.
×				X	3	×	- Hodefinite	X X	None \$1-\$1,000 \$1,001-\$15,000 \$15,001-\$50,000 \$50,001-\$100,000 \$100,001-\$250,000 \$500,001-\$1,000,000 \$5,000,001-\$25,000,000 \$5,000,001-\$25,000,000 \$5,000,001-\$25,000,000 \$5,000,001-\$25,000,000 \$5,000,001-\$25,000,000 Spouse/DC Asset over \$1,000,000*	> 00 00 00 00 00 00 00 00 00 00 00 00 00	BLOCK B Value of Asset Indicate value of asset at close of the reporting period. If you use a consultation method other than fair market value, please specify the method used. If an asset was sold during the reporting period and is included only because if generated income, the value should be 'None.' Column M is for asset held by your spouse or dependent child in which you have no interest.
X	A.	X		Timber		Parthership Income	Royalties	x .	NONE DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BUND TRUST TAX-DEFERRED Other Type of Income (Specify: e.g., Partnership Income or Farm (ncome)		BLOCK C Type of Income Check all columns that apply. For accounts that generate tax-deferred income (such as 401(k), IRA, or 529 accounts), you may check the "Tax-Deferred" column. Dividends, interest, and capital gains, even if relineasted, must be disclosed as income for assets held in taxable accounts. Check "None" if the asset generated no income during the reporting period.
X		X		X				×	\$1-\$200 \$201-\$1,000 \$1,001-\$2,500 \$2,501-\$5,000 \$15,001-\$15,000 \$15,001-\$65,000 \$100,001-\$1,000,000 \$1,000,001-\$5,000,000 Dver \$5,000,000 Spouse/DC Asset with Income over \$1,000,000*		Amount of Income Amount of Income Amount of Income Amount of Income For assets for which you checked "tax-Defende" in Block C, you for the property of income by checking the appropriate box below, in Dividends, interest, and capital gains, even if reinvested, a must be disclosed as income for assets held in taxable of accounts. Check "None" if no income was earned or generated. Column XII is for assets held by your spouse or dependent child in which you have no interest.
				٠				S(part)	P, S, S(part), or E	Leave this column blank if there are no transactions that exceeded \$1,000.	BLOCK E Transaction Indicate if the asset had purchases (P), sales (S), or exchanges (E), exceeding \$1,000 period. If only a portion of an asset was sold, please indicate as follows: (S (pan)).

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																	P. S. S(part), or E	Transaction

SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name: Cedric L. Richmond

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SCHEDULE C - EARNED INCOME

Name: Cedric L. Richmord Pag

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List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. government) totaling \$200 or more during the reporting period. 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.

INCOME LIMITS and PROHIBITED INCOME: The 2013 limit on outside earned income for Members and employees compensated at or above the "senior staff rate was \$26,955. In addition, certain types of income (notably honoraria, director's fees, and payments for professional services involving a fiduciary relationship) were totally prohibited.	ensated at or above the "senior staff" rat re totally prohibited.	e was \$26,955. In addition, certain
Source (include date of receipt for honoraria)	Туре	Amount
Keene State	Approved Teaching Fee	\$6,000
Examples: Civil War Roundtable (Oct. 2) Ontario County Board of Education	Spouse Speech Spouse Salary	\$18,000 \$1,000 N/A
Richmond for Congress	Campaign Debt	\$ 25,000.00

SCHEDULE D - LIABILITIES

	Name:
	Cedri
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Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you; your spouse, or your dependent child. Mark the highest amount owed during the reporting period. Members: Members are required to report all liabilities secured by real property including mortgages on their personal residence. Exclude: Any mortgage on your personal residence (unless you rent it out or are a Member); loans secured by automobiles, household furniture, or appliances; liabilities of a business in which you own an interest (unless you are personally liabile); and liabilities owed to you by a spouse or the child, parent, or sibling of you or your spouse. Report a revolving charge account (i.e., credit card) only if the balance at the close of reporting period exceeded \$10,000. *Column K is for liabilities held solely by your spouse or dependent child.

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	U.S. De	Liberty	Liberty	Liberty	Example		<u> </u>	•					
	U.S. Dept. of Education	Bank + Trust	Bank : Trust	y Bank & Trust	First Bank of Wilmington, DE	Creditor							
	10/19	11/20	12/2010	3/2008	5/98	Date Liability Incurred MO/YR							
	96	2	010	80	8	Tred							
	10/1996 Student Lean Debt	11/2012 Mortgage on Pers. Property	Credit Card	Mortgage on Pers Property	Mortgage on Rental Property, Dover, DE	Type of Liability							
						\$10,001- \$15,000	>						
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						\$50,001- \$100,000	6						
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						\$250,001- \$500,000	т	Amount of Liability					
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						Over \$50,000,000	<u>-</u>						
•		1				Over \$1,000,000*	*	ł					

SCHEDULE E -- POSITIONS

Report all positions, compensated or uncompensated, held during the current or prior calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, nonprofit organization, labor organization, or educational or other institution other than the United States. Exclude: Positions listed in Schedule C; positions held in any religious, social, fratemal, or political entities (such as political parties and campaign organizations); and positions solely of an honorary nature.

	_		
		2022	Position
			Name of Organization

SCHEDULE H - TRAVEL PAYMENTS and REIMBURSEMENTS

Name: Cedric	
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Richmord	
Page 6 of	

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Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totaling more than \$350 received by you, your spouse, or your dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense. Disclosure is required regardless of whether the expenses were paid directly by the sponsor or were paid by you and reimbursed by the sponsor.

EXCLUDE: Privately-sponsored travel approved by the Ethics Committee, if post-travel disclosure was filed with the Clerk; 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 (FGDA, 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 the filer.

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		1000 0000 0000 0000 0000 0000 0000 0000 0000			And the second s	0,	Info. Technology and Innovation Foundation Feb. 21-23		dept. AFL-CIO	Hazifad for Humanity (charity fundration)	Government of China (MECEA)	Source
10 10 10 10						19 19 19 19 19	Feb. 21-23	Max 15-16	Sept. 4-5	Mar. 3-4	Aug. 6-11	Date(s)
							New Orleans - Miami - New Orleans	DC- Myrthe Beach- New Orleans	New Orleans-Los Angeles-New Orland	DC-Baston-DC	DC-Beijing, China - DC	City of Departure — Destination — City of Return
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							2	Z .	Z	٧	z	Family Member Included? (Y/N)