

UNITED STATES HOUSE OF REPRESENTATIVES
CALENDAR YEAR 2010 FINANCIAL DISCLOSURE STATEMENT

Form A

For use by Members, officers, and employees

2011 MAY 16 AM 10:22

OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVESName: LAURA RICHARDSONDaytime Telephone: (202) 225-7414**HAND DELIVERED**

(Office Use Only)

Filer Status	<input checked="" type="checkbox"/> Member of the U.S. House of Representatives	State: <u>CALIFORNIA</u>	District: <u>57th</u>	<input type="checkbox"/> Officer or Employee	Employing Office:	Termination Date:
Report Type	<input checked="" type="checkbox"/> Annual (May 16, 2011)	<input 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 type="checkbox"/> No <input checked="" type="checkbox"/>	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.	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 \$335 from one source)? If yes, complete and attach Schedule VII.	Yes <input checked="" type="checkbox"/> No <input 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 checked="" type="checkbox"/> No <input 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 checked="" type="checkbox"/> No <input 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 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 <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? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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Exclude: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.

For payments to charity in lieu of honoraria, use Schedule II.

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.

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For additional assets and unearned income, use next page

SCHEDULE III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name **LAUREA RICHARDSON**

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BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset												BLOCK C Type of Income	BLOCK D Amount of Income											BLOCK E Transaction
	A	B	C	D	E	F	G	H	I	J	K	L		I	II	III	IV	V	VI	VII	VIII	IX	X	XI	
	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	\$5,000,001 - \$25,000,000	\$25,000,001 - \$50,000,000	Over \$50,000,000		None	\$1 - \$200	\$201 - \$1,000	\$1,001 - \$2,500	\$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	
SP, DC, JT																									P, S, E
Yearly Savings Plan																									
- Vanguard Target Retirement 2020 Fund			X										X												
- Income Fund		X											X												
- Large Cap Fund			X										X												
- Small Cap Fund			X										X												
- International Stock Fund			X										X												
- Yearly Stock Fund		X											X												
Yearly Employee Stock Ownership Plan				X									X												
Property																									
- 3622 W. Curtis Blvd. Sacramento, CA 95818								X					X												
- NOT REQUIRED TO LIST RESIDING IN PHOENIX 1300-1302 N. 94th St Los Angeles, CA									X				X												

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Amount of Transaction	
A	\$1,001- \$15,000
B	\$15,001- \$50,000
C	\$50,001- \$100,000
D	\$100,001- \$250,000
E	\$250,001- \$500,000
F	\$500,001- \$1,000,000
G	\$1,000,001- \$5,000,000
H	\$5,000,001- \$25,000,000
I	\$25,000,001- \$50,000,000
J	Over \$50,000,000

\$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	\$5,000,001-\$25,000,000	\$25,000,001-\$50,000,000	Over \$50,000,000
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SCHEDULE V— LIABILITIES

Name **LAURA RICHARDSON**

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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 dependent child. Mark the highest amount owed 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.

SP, DC, JT	Creditor	Date Liability Incurred Mo/Year	Type of Liability	Amount of Liability										
				A \$10,001- \$15,000	B \$15,001- \$50,000	C \$50,001- \$100,000	D \$100,001- \$250,000	E \$250,001- \$500,000	F \$500,001- \$1,000,000	G \$1,000,001- \$5,000,000	H \$5,000,001- \$25,000,000	I \$25,000,001- \$50,000,000	J Over \$50,000,000	
	Example: First Bank of Wilmington, DE	May 1998	Mortgage on 123 Main St., Dover, DE				X							
	J.P. MORGAN CHASE		MORTGAGE ON 3022 WEST LAKESIDE DRIVE SACRAMENTO, CA						X					
	LAO DRUGS OF DELAWARE CO, INC		LEGAL SERVICES			X								
	LAO DRUGS OF DELAWARE CO, INC		LEGAL SERVICES				X							
JT	BENEFICIAL (NOT REQUIRED TO LIST REVENUE IN PROSTATE)		MORTGAGE ON 1300-1302 W. 44TH ST. LOS ANGELES					X						

SCHEDULE VI— GIFTS

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. **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.

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

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

SCHEDULE VII — TRAVEL PAYMENTS AND REIMBURSEMENTS

Name **LAUREA RICHARDSON**

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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 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 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
<i>Examples:</i> Chicago Chamber of Commerce	Mar. 2	DC—Chicago—DC	N	N	N	None
Roycroft Corporation	Aug. 6-11	DC—Los Angeles—Cleveland	Y	Y	Y	2 Days
OBG FOUNDATION SPONSOR (GASTROENTEROLOGY)	JUNE 12-14th	DC—WILMINGTON—DC	Y	Y	Y	None
OBG INSTITUTE	AUG. 12-14	LA—TOLUCA—LA	Y	Y	N	None
OBG INSTITUTE	NOV. 4-7	LA—LAS VEGAS—LA	Y	Y	N	None
OBG VSA / GASTRO FOUNDATION	SEPT. 7-11	DC—AARON, INDIANA—LA	Y	Y	N	None

SCHEDULE VIII—POSITIONS

Name **LAURA RICHARDSON**

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Report all positions, compensated or uncompensated, held during the current 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, any nonprofit organization, any labor organization, or any educational or other institution other than the United States.

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	
ADVOCACY BOARD	NOT COMPENSATED	ACADEMIC BRIDGE
ADVOCACY BOARD	NOT COMPENSATED	MUSK CHILDREN'S HOSPITAL
ADVOCACY BOARD	NOT COMPENSATED	ST. MARY HOSPITAL

SCHEDULE IX—AGREEMENTS

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 government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties To	Terms of Agreement
10/1987	XEROX CORPORATION	CONTINUATION OF 401K DEFERRED PAYMENT PLAN THAT I CAN NO LONGER CONTRIBUTE TO.
1/2001	STATE OF CALIFORNIA	CONTINUATION OF 401K DEFERRED PAYMENT PLAN THAT I CAN NO LONGER CONTRIBUTE TO.