D. Did you, your spouse, or your dependent child have any reportable liability (more than \$10,000) at any point during the reporting period? 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. C. Did you or your spouse have "earned" income (e.g., salaries, honoraria, or pension/IRA distributions) of \$200 or more during the 8. Did you, your spouse, or your dependent child purchase, sell, or exchange any securities or reportable real estate in a transaction this report details of such a trust that benefits you, your spouse, or your dependent child? IPO AND EXCLUSION OF SPOUSE, the current calendar year up through the date of filing? exceeding \$1,000 during the reporting period? PRELIMINARY INFORMATION - ANSWER <u>EACH</u> OF THESE QUESTIONS **UNITED STATES HOUSE OF REPRESENTATIVES EXEMPTION** – Have you excluded from this report any other assets, "uneamed" income, transactions, or liabilities of a spouse or your dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics. 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 E. Did you hold any reportable positions during the reporting period or in reporting period? A. Did you, your spouse, or your dependent child: Name: Cedric Richmond 2014 FINANCIAL DISCLOSURE STATEMENT REPORT end of the reporting period? or b. Make more than \$200 in uneamed income from any reportable FILER STATUS a. Own any reportable asset that was worth more than \$1,000 at the asset during the reporting period? X 2014 Annual (Due: May 15, 2015) U.S. House of Representatives Member of or Candidate for DEPENDENT, OR TRUST INFORMATION - ANSWER EACH OF THESE QUESTIONS District: State: 02 K Yes No ×s Yes × × Daytime Telephone: 202-225-6636 Amendment Š 중 For Use by Members, Officers, and Employees X G. Did you, your spouse, or your dependent child receive any reportable gift(s) totaling more than \$375 in value from a single source during the reporting period? I. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article during the reporting period? 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? ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES" reportable travel or reimbursements for travel totaling more than \$375 in value from a single source during the reporting period? H. Did you, your spouse, or your dependent child receive any Form A Employee Officer or : **Employing Office** Termination Date of Termination: CAPICE OF THE CLERK U.S. HOUSE OF REPRESENTATIVES LEGISLATIVE RESOURCE OFKED A HAND DELIVERED 2015 MAY 15 PM 12: 25 Office Use Only) ¥98 Yes Yes ¥98 \$ ¥es ¥95

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SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name: Cedric Richmond

Page 2 of 6

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Insured Deposit Acct	To Ameritrade	property in New Orleans	50% residential rental	land in Jeff Davis, MS	50% of 78 acres	ABC Hedge Fund	Examples: Simon & Schuster	SP Mega Corp. Stock	a detailed discussion irements, please refer to the l	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.	If you have a privately-traded fund that is an Excepted investment Fund, please check the "EIF" box.	Exclude: Your personal residence, including second tomes and vacation homes (<i>unides</i> there was rental income during the reporting period); and any financial interest in, or income derived from, a federal retirement program, including the Thaift Savings Plan.	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.	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 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.	For all IRAs and other retirement plans (such as 401(k) plans) provide the value for each asset held in the account that exceeds the reporting thresholds.	Provide complete names of stocks and mutual funds (do not use only ticker symbols).	production or 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.	identify (a) each asset held for investment or	Asset and/or income Source	BLOCK A
Acct	`	ew Orleans	rental	IVIS MS	es of	×	3	*	of Schedule A nstruction booklet	that an asset or spouse (SP) or reld with anyone arteft.	fund that is and check the "ElF	including seconds there was rentally financial any financial from, a federal rift Savings Plan	e privately-held business state the name of the its activities, and its A.	e.	, total the amoun the total is ove on-where there is accounts.	t plans (such a each asset held i ing thresholds.	and mutual fund	Tair market value a reporting period, set or source of 200 in "unearmed"	x investment o	Source	
			_			-		Η"	None	933	13	· EEED	4.00.00	1.5	# * * *	T *					┨
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	\vdash		-			┝	ndefinite		\$15,001-\$5	0.000			<u></u>			1	you have no interest.	valuation method other man tair market value, please specify the method used. If an asset was sold during the reporting period and is included only because it generated income, the value should be "None." "Column M is for assets held by your sociate or dependent child in which	Indicate value of asset at close of the reporting period, if you use a		Ì
L	Н	abla	_			┡			\$50,001-\$1						-	4	-	er ma	set at		ı
		A	\vdash				_	×	\$100,001-\$				•				3		0	Value of Asset	,
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									TAX-DEFE	RRED					·	1	į	Such	· -	Type of Income	Ì
				Timber		Partnership Income	Royalbes		Other Type (Specify: e.g	of Income 7., Partnership k	ncome or Fa	rm Income)	,	_			period.		nts that	Φ	
M				X					None						_	. S	*Column X	categ Divid	For a		
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Ш					Ш				\$201-\$1,000						=		is to	if inco	for w		
\square	\dashv				Щ			×	\$1,001-\$2,5				•		z	1 §	asse	None med.	jć Y	}	
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H	\dashv	-		_						Asset with Incor	ne over \$1,0	00,000*			<u>×</u>	1	penerated. Column XII is for assets held by your spouse or dependent child	may check the 'None' column. For all other assets indicate the category of income by checking the appropriate box below. Dividende, Interest, and capital gains, even if reinvested, must be disclosed as income for assets held in taxable accounts. Check "None" if no income was earned or	For assets for which you checked "Tax-Deferred" in Block C, you		
								S(part)	P. S, S(part), or						Leave this column blank if there are no transactions that exceeded \$1,000.	an asset was sold please indicate as follows: (S (part)).			=	Transaction	2
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	Residential Rental Property in New Orleans	TRA (Charles Communication)X Ameriprise Financial TRA (Amer. Express) Ameriprise Financial	Americanies Francia		BLOCK A Asset and/or Income Source	
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++++			\dashv	\$1,001-\$15,000		
+				\$15,001-\$50,000		
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				\$100,001-\$1,000,000 g	2	Page_
				\$1,000,001-\$5,000,000 ×		الَّا
				Over \$5,000,000 🔀	ŀ	
				Spouse/DC Asset with Income over \$1,000,000° ≚		'⊈
				P, S, S(part), or E	BLOCK E Transaction	6

SCHEDULE A - ASSETS & "UNEARNED INCOME"

SCHEDULE C -- EARNED INCOME

Name: Cedric Richmond Page 4 of 6

Les une source, type, and amount of earned income from any source (other than the liter'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.	
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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. INCOME LIMITS and PROHIBITED INCOME: The 2014 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.	Social Security Act. nsated at or above the "senior staff" rate totally prohibited.	e was \$26,955. In addition, certain
Source (include date of receipt for honoraria)	Туре	Amount
	Approved Teaching Fee	\$6,000
Civil War Roundtable (Oct. 2) Ontario County Board of Education	Spouse Speech Spouse Salary	\$1,000 N/A
Richmond for Congress	Campaign Debt	\$ 25,000
	4	
	1110000000	

SCHEDULE D - LIABILITIES

Name: Cedric Richmond

Page 5 of 6

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 liable); 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 the reporting period exceeded \$10,000.

**Column K is for liabilities held solely by your spouse or dependent child.

		•								at Or Elability	Amount of Liability
		>		_	°		D	D	DEF	D E F G	D E F G
DC.JT Incurred MO/YR	ity Type of Liability R	\$10,001- \$15,000 \$15,001-	\$50,000	\$50,001-	\$100,000 \$100,001-	\$100,000	\$100,000 \$100,001- \$250,000 \$250,001-	\$100,000 \$100,001- \$250,000 \$250,001- \$500,001-	\$100,000 \$100,001- \$250,000 \$250,001- \$500,001- \$1,000,000	\$100,000 \$100,001- \$250,000 \$250,001- \$500,001- \$1,000,000 \$1,000,001- \$5,000,000	\$100,000 \$100,001- \$250,000 \$250,000 \$500,001- \$1,000,000 \$1,000,001- \$5,000,001- \$5,000,001- \$25,000,000
Example First Bank of Wilmington, DE 5/98	Montgage on Rental Property, Dover, DE				×	×	×	×	×	×	×
Liberty Bank & Trust 3/2008	8 Mortgage on Personal Property				V	X	X	X	X	X	
Liberty Bank & Trust 12/2010	Credit Card		IXI	\triangle							
	11/2012 Mortgage on Personal Property					X	X	X	X	X	X
U.S. Dept of Education 10/1996	10/1996 Student Loan Debt				<u>\</u>	X	X				

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 held in any religious, social fraternal or political entities (such as political parties and comparizations): and positions social fraternal or political entities (such as political parties and comparizations): and positions social fraternal or political entities (such as political parties and comparizations):

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SCHEDULE H - TRAVEL PAYMENTS and REIMBURSEMENTS

Name:
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Page 6 of
of 6

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totaling more than \$375 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: 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.

Examples:	Source	Date(s)	City of Departure Destination City of Return	Lodging? (Y/N)	Food? (Y/N)	Family Member Included? (Y/N)
Exam						
L. Aurik	Government of China (MECEA)	Aug. 6-11	DC-Beijing, China - DC	۲	۲	z
	Habital for Humanity (charity fundraiser)	Mar. 3-4	DC-Boston-DC	~	*	۲
Corpr	Congressional Black Caucus Educ. Leadership Inst Mar. 20-23	Mar. 20-23	New or leans-Myrtle Book-New orlans	8 4	7	Z
Gran	ssimul Black Concus Educ . Leadership Institute	Aug. 7-10	New or leans- Tunica - New orleans	~	4	Z
Corpies	Compressional Black Course Educ: Leadership Institute Nov 7 - 9	Nov 7 - 9	New Orleans - San Diego - Seat Portland	~	4	Ζ.
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