c.		۲,	D (V	7.7.00 F.T. (0.10 F.T	
4			DC SP	For a vide that that the thought that the the the the the the the the the th	the root to the ro
1300-1302 W. 9404/ST LOG ANGELES, CA	LONG BEACH, CA. 90806		SP Mega Corp. Stock  Examples: Simon & Schuster	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  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.)  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 retirement 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.  BLOCK B  Value of Asset at clos include of asset at clos method other than fair market v please specify the method used.  If an asset was sold during the reporting thresholds. For retirement 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.
				None >	) <u>-</u> 40 × = 0 = 3 =
			3	\$1 - \$1,000 a	Indicate Indicate reportin method please please if an as year ar year ye
		П	Indefinite	\$1,001 – \$15,000	Indicate reporting method please s please s year and year."
			ā	\$15,001 – \$50,000	id det w
			×	\$50,001 - \$100,000	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."
		×			BLOCK B  Je of Asset  of asset at close of lf you use a valuation than fair market value, the method used.  Sold during the reporting cluded only because it me, the value should be
×	X			\$250,001 – \$500,000	CK ass ou tail
				\$500,001 - \$1,000,000	use r m
			_	\$1,000,001 - \$5,000,000	the use
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			_	\$25,000,001 - \$50,000,000	valid to value
			1	Over \$50,000,000	- ø = œ ° ≥ 3
				NONE	ing the gas ing fit the gas in
			×	DIVIDENDS	Type Check all of retirement and you to choose that general (such as 40 may check the Dividends, gains, even disclosed a fif the asset (sing the reported to the control of the control of the asset (sing the reported to the control of the control
×	×_	×		RENT	all lent seed every se
	.			INTEREST	Type of Ind Check all columns the retirement accounts the you to choose specific that generate tax-de (such as 401(k) plans may check the "Tax-De pluidends, interest, gains, even if retirve disclosed as income if the asset generated ing the reporting period
 			×	CAPITAL GAINS	JEO Officer Tab
			_	EXCEPTED/BLIND TRUST	BLOCK C  Type of Income Check all columns that ar retirement accounts that do r you to choose specific investr that generate tax-deferred (such as 401(k) plans or IR may check the "Tax-Deferred" Dividends, interest, and gains, even if reinvested, a disclosed as income. Chec if the asset generated no inco ing the reporting period.
 				TAX-DEFERRED	C C hat at d at d inverse form for form steer
			Royalties	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 "Tax-Deferred" 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 -	De ear
				\$1 - \$200 =	Amount of Income For assets for which you checked "Tax-Deferred" in Block C, 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.
				\$201 <b>-</b> \$1,000	Sets Sets coling or g
			×	\$1,001 - \$2,500	BLOCK D  Amount of Income sts for which you checke in Block C, you may ch column. For all other asse category of income by cl ropriate box below. Divi cand capital gains, ce ted, must be disclos Check "None" if no incor
<u> </u>					BLC BLC whice cap nust ''Nc ''Nc '''Nc ''''Nc '''Nc ''''Nc ''''Nc ''''Nc ''''Nc '''''Nc ''''''Nc ''''''''
1		×		\$5,001 \$15,000 <b>S</b>	BLOCK D In the property of incorporate be capital capi
	×		1	\$15,001 - \$50,000 \( \leq \) \( \frac{50,001}{50,001} - \frac{\$100,000}{500} \)	D D Ou c ou r other blow if no
					om inec
<del>                                     </del>			×	\$100,001 - \$1,000,000	Checked "I checked "I may check i may check her assets, ii me by check ow. Dividen gains, ever disclosed no income to
<del>                                     </del>				\$1,000,001 \$5,000,000 >	"Tax- " the " the ", indi- cking cking cking ands, was
<del>                                     </del>		H	-	Over \$5,000,000	
			S (partial)	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.
		نب			

SCHEDULE III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed  $\exists$ 8 Ş YEROX NATIONALIDE RETREATED KEROX CANILLIES Asset and/or Income Source STATE - VANGLUMED 2020 HANDY YOUTH COUNTY -SWALL CAP -Just KONG XORAX INFERMETTONAL #55P BLOCK A PLAN (TOTAL > None 00 1 - 1,000× O **×** \$1,001 - \$15,000 o \$15,001 - \$50,000 Value of Asset m \$50,001 - \$100,000 Year-End BLOCK B П \$100,001 - \$250,000 Ω ∓ \$250,001 - \$500,000 \$500,001 - \$1,000,000 \$1,000,001 - \$5,000,000 **ر** \$5,000,001 - \$25,000,000  $\boldsymbol{\mathsf{x}}$ \$25,000,001 - \$50,000,000 Over \$50,000,000 ×  $\succ$ NONE **DIVIDENDS** RENT **INTEREST** of Income BLOCK C **CAPITAL GAINS** Type **EXCEPTED/BLIND TRUST** TAX-DEFERRED Other Type of Income (Specify: e.g., と名 Partnership Income or Farm Income) None NO CAPTON Amount of Income × \$1 - \$200 = ≡ \$201 - \$1,000 BLOCK D ₹ \$1,001 - \$2,500 \$2,501 - \$5,000 < ≤ \$5,001 -- \$15,000 <u>≦</u> \$15,001 - \$50,000 \$50,001 - \$100,000  $\overline{\times}$ \$100,001 - \$1,000,000 × \$1,000,001 - \$5,000,000 Page 3  $\succeq$ Over \$5,000,000 Transaction BLOCK E ரைவு 9 ਹਾ

## SCHEDULE V— LIABILITIES

Name LANDA RYCHARDSON

Page 4 of 5

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. NOTE: Pending legislation may require Members to report mortgages on personal residences.

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			Date				 	Amount of Liability	of Lia	ollity			1
SP,			Liability		>	8	C				00 -		ے 00
٦, D.Ç.		Creditor	Incurred Mo/Year	Type of Liability	\$10,001- \$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 \$25,000,00	\$25,000,00 \$50,000,00 Over	\$50,000,00
	Example: Fi	First Bank of Wilmington, DE	May 1998	Mortgage on 123 Main St., Dover, DE			×	_			,		
40	PROFERE	BENEFICHE (PROMIE), CA	Jor 2011	MORTURAGE ON 1300-1302 W. 9409737				×					
	भू राजाकु	SELECT PORTEDUC, UT	Ney 2000	为多	4		<u> </u>	×					
	PENNING O	PERMIS & COIE LAW OFFICES	SCCC MIT	lean bedices			×						1
	O'HEUE	Suc my South my Stay to Avanay, O	Jan 2008	FEAR SERVICES			×						
	SWALESE, R	SWALDE, REVER LAW CHARLES	Nev 2010	LEGAL SERVICES			×						

## 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 Report the source, a brief description, and the value of all gifts totalling more than \$350 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.

relationship to you. Gifts with a value of \$140 or less need not be added towards the \$350 disclosure threshold.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (determination on personal friendship received from Committee on Ethics)	\$375
N/A		

## SCHEDULE VIII—POSITIONS

Name LAURA RICHARDSON

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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,

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

Position	N/A			
Name of Organization				

## 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

		_		
		1/2001	10/1987	Date
		SATE OF CAUGAINA	XEROX COLLOBATION	Parties To
		Controllation on a restriction from , I no controllation to	CONTRIBUTE TO.	Terms of Agreement