Yes No D		sactions, or liabilities of a spouse or dependent owith the Committee on Ethics.	" income, trans	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 No No		d certain other "excepted trusts" need not be disclosed. Have you ild?	on Ethics and dependent chi	TRUSTS —Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "except excluded from this report details of such a trust benefiting you, your spouse, or dependent child?
ESTIONS	EACH OF THESE QUESTIONS	- ANSWER	T INFORI	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION
ered and the es" response.	must be answ ∍d for each "Y	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response	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.
Yes V No	arrangement with	AX. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX.	₹ \ <u>₹</u>	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 No			S.	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 🗸 No	receive any the reporting?	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than \$350 from one source)? If yes, complete and attach Schedule VII.	Š	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 No	receive any regating more	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than \$350 and not otherwise exempt)? If yes, complete and attach Schedule VI.	₹	t. 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.
gen.		E QUESTIONS	OF THESE	PRELIMINARY INFORMATION — ANSWER EACH
A \$200 penalty shall be assessed against anyone who files more than 30 days late.	A \$200 penalty against anyone 30 days late.	or Employing Office: Termination Date:	Officer or Employee	Filer Member of the U.S. State: 2A House of Representatives District: 37 Report Pannual (May 15, 2012) Amendment
LEGISLATIVE RESOURCE CENTER 2012 MAY 15 PM 5: 11 U.S. (900 10 10 10 10 10 10 10 10 10 10 10 10 1	2012 . 2012 . U.S.(966	Daytime Telephone: アクマ・プラン・ブラスタ	Daytime 1	Name: LAURA RICHARDSON
HAND DELIVERED	HAND	Form A For use by Members, officers, and employees	MENT	UNITED STATES HOUSE OF REPRESENTATIVES CALENDAR YEAR 2011 FINANCIAL DISCLOSURE STATEMENT

BLOCK A

Asset and/or Income Source

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 Identify (a) each asset held for investment or production more than \$200 in "unearned" income during the year.

not use ticker symbols.) Provide complete names of stocks and mutual funds (do

value at the end of the reporting period the name of the institution holding the account and its ment accounts which are not self-directed, provide only account that exceeds the reporting thresholds. For retireinvestments), provide the value for each asset held in the the power, even if not exercised, to select the specific plans) that are self-directed (*i.e.*, plans in which you have For all IRAs and other retirement plans (such as 401(k)

vide a complete address. For rental or other real property held for investment, pro-

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sold, please an asset is If only a portion of

ing the reporting period.

If the asset generated no income dur

that is not publicly traded, state the name of the busition in Block A. ness, the nature of its activities, and its geographic loca-For an ownership interest in a privately-held business

accounts; and any financial interest in, or income derived from, a federal retirement program, including the Thritt income during the reporting period); any deposits totaling \$5,000 or less in a personal checking or saving homes and vacation homes (unless there was rental Exclude: Your personal residence, including second

income source is that of your spouse (SP) or dependent child (DC), or is jointly held with your spouse (JT), in the optiona If you so choose, you may indicate that an asset or

please r For a de

ş DC, Exa

2

Value of Asset BLOCK B

please specify the method used method other than fair market value, reporting year. If you use a valuation Indicate value of asset at close <u>o</u>

generated income, the value should be year and is included only because it If an asset was sold during the reporting

Type of Income

BLOCK C

gains, even if reinvested, must be Dividends, interest, and capital that generate tax-deferred income you to choose specific investments or Check all columns that apply. disclosed as income. Check "None" may check the "Tax-Deferred" column. (such as 401(k) plans or IRAs), you retirement accounts that do not allow

Amount of Income BLOCK D

earned or generated. the appropriate box below. Dividends, cate the category of income by checking Deferred" in Block C, you may check the For assets for which you checked "Taxinterest, and capital gains, even if "None" column. For all other assets, indireinvested, must be disclosed as ncome. Check "None" if no income was

year. reporting \$1,000 in or exchanges purchases asset had Transaction (E) exceeding (P), sales (S) Indicate if the BLOCK E

None S1 - \$1,000 S1,001 - \$15,000 S1,001 - \$15,000 S15,001 - \$50,000 S250,000 S250,000,000 S250,000			US SAVINGS BONDS	LARGE CAP STOCKS	MID CAP STOCKS	INNO!	ROGRAM - NOT SELF-DIRECTED			SP Mega Corp. Stock	mad or owner real property neighbor investment, pro- complete address. Townership interest in a privately-held business in not publicly traded, state the name of the busi- the nature of its activities, and its geographic loca- Block A. Block A.
Section Sect	ſ	_		~	~		8		_		
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Over \$50,000,000 NONE NONE NONE NONE NONE NONE NONE NOTHER ST CAPITAL GAINS EXCEPTED/BLIND TRUST TAX-DEFERRED Other Type of Income (Specify: e.g., Partnership Income or Farm Income) NONE \$1 - \$200 \$201 - \$1,000 \$21,001 - \$2,500 \$2,501 - \$5,000 \$5,001 - \$15,000 \$15,001 - \$50,000 \$50,001 - \$100,000 \$100,001 - \$5,000,000 Over \$5,000,000				<u> </u>		<u> </u>	<u> </u>			_	\$5,000,001 - \$25,000,000
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EXCEPTED/BLIND TRUST TAX-DEFERRED			<u>×</u>	<u> </u>	ļ	<u> </u>	<u> </u>	-			
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Other Type of Income (Specify: e.g., Partnership Income or Farm Income) None \$1 - \$200 \$201 - \$1,000 \$2,501 - \$5,000 \$5,001 - \$15,000 \$15,001 - \$100,000 \$100,001 - \$1,000,000 \$1,000,001 - \$5,000,000 Over \$5,000,000				 -	-	 				_	
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Over \$5,000,000		<u> </u>		 	 	-	 -	1	×	-	
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sold, please follows: (\$) (partial) (\$) (partial) (\$) (partial)		 -	<u> </u>	┼	 	1	 	╁		CO	
		*.									soid, piease indicate,as follows: (\$) (partial) See below for example. P, S, E

SCHEDULE III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name LAURA RICHARDSON

Page 3 of

 \exists 8 SP, PROPERTY: XEROX SAVINGS INTERNATIONAL LOS ANGELES, 1300- 1302 W. 94 5T. PENDING SACRAHENTO, CA 95818 3622 W.CURTIS PARKOR. LARGE STACK OWNERSHIP FLAM XEROX EMPLOYEE INCOME VANGUARD TARGET XEROX STOCK FUND RETIREMENT 2020 FUND Asset and/or Income Source CAP **BLOCK A** IN PROBATE FUND FUNO FUNO STOCK FUNI PLAZ >None X œ \$1 - \$1,000 $\times \times$ × \$1,001 - \$15,000 O Ö \$15,001 - \$50,000 Value of Asset Ш \$50,001 - \$100,000 Year-End BLOCK B \$100,001 - \$250,000 G \$250,001 - \$500,000 I \$500,001 - \$1,000,000 \$1,000,001 - \$5,000,000 <u>ب</u> \$5,000,001 - \$25,000,000 $\boldsymbol{\mathsf{x}}$ \$25,000,001 - \$50,000,000 Over \$50,000,000 \times \times \times NONE DIVIDENDS RENT INTEREST of Income BLOCK C Type **CAPITAL GAINS** EXCEPTED/BLIND TRUST TAX-DEFERRED Other Type of Income (Specify: e.g., Partnership Income or Farm Income) None Amount of Income \$1 - \$200 ≡ \$201 - \$1,000 BLOCK D × ₹ × \$1,001 - \$2,500 < \$2,501 - \$5,000 ≤ \$5,001 - \$15,000 \$15,001 - \$50,000 \$50,001 - \$100,000 \bar{x} \$100,001 - \$1,000,000 × \$1,000,001 - \$5,000,000 × Over \$5,000,000 Transaction BLOCK E யில் ம

SCHEDULE V— LIABILITIES

Name LAURA RICHARDSON

Page 4 of 6

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 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 mortgages on personal residences.

77.						SP, DC,	
- BENEFICIAL //PONDING	O'MELYENY & HYERS	LAW OFFICES OF PERKINS		J. P. MORGAN CHASE	Example: First Bank of Wilmington, DE	Creditor	:
m-					May 1998	Liability Incurred Mo/Year	
1300-1302 N94 St LA	LEGAL SELVICES	LEGAL SERVICES	SACRAMENTO, CA	CURTIS PARK DR.	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	Amot
×						\$250,001- \$500,000 m	Int of
				X		\$500,001- \$1,000,000	Amount of Liability
						\$1,000,001- \$5,000,000	₹
						\$5,000,001- \$25,000,000 ± \$25,000,001-	
			<u> </u>			\$25,000,001 \$50,000,000	
	<u> </u>					\$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 \$140 or less need not be added towards the \$350 disclosure threshold. 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.

SCHEDULE VII— TRAVEL PAYMENTS AND REIMBURSEMENTS

or were paid by you and reimbursed by the sponsor. 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 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 Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than \$350 received by

spouse or dependent child that is totally independent of his or her relationship to you. 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

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
Roycroft Corporation	Aug. 6–11	DC—Los Angeles—Cleveland	Υ	Y	\	2 Days
HARRIET BEECHER	JUNE 9-11	JG - GROY LUVH - 47	Y	く	۷	NONE
HARTFORD CT				•		
,					i	
CBC FOUNDATION	JUNE11-18	JUNE11-13 DC-WILLIAMSBURG-DE	<u>、</u> く	<	>	NONE
CBC INSTITUTE	AU6 11-13	LA - TUNICA - LA	Y	7	>	NONE
)			:		

SCHEDULE VIII—POSITIONS

Name LAURA RCHARDSON

Page 6 of 6

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-

ľ	1					
		ADVISORY BOARD	ADVISORY BOARD	ADVISORY BOARD	Position	solid) and populate solid) of all lighters) limits
		UNCOHPENSATED,	UNCOMPENSATED	UNCOMPENSATED		
		ST. HARY HOSPFIAL	HILLER CHILDREN'S HOSPITAL	ACADEMIC UPRISE	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
		STATE OF CALIFORNIA	XEROX CORPORATION	Parties To
		THAT I CAN NO LONGER CONTRIBUTE TO.	THAT I CAN NOLONGER CONTRIBUTE TO	Terms of Agreement