Executive Branch Personnel PUBLIC FINANCIAL DISCLOSURE REPORT

Form Approved: OMB No. 3209 - 0001

NSN 7540-01-070-8	i c	IB 278-113	Supersedes Prior Editions, Which Cannot Be Used.
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OGE Use Only	OFFICE OF GENERAL COUNSEL	(Phoch hav if commonts an	2007 MAY 15 Ph 4: 30
Agency Use Only	2007 MAY 16 P 12: 40	(Check box If filing extension granted & indicate number of days	
the preceding two calendar years and the current calendar year up to the date of filing.		e is required, use the reverse side of this sheet)	Comments of Reviewing Officials (If additional space is required, use the reverse side
Arrangements)—Show any agreements or arrangements as of the date of filing.	Date (Month, Day, Year)		Office of Government Ethics Signature Use Only
any date you choose that is within 31 days of the date of filing.			On the basis of information contained in this report, I conclude that the filer is in compliance with applicable laws and regulations (subject to any comments in the box below).
reporting period is the preceding calendar year and the current calendar year up to	Date (Month, Day, Year)	Signature of Designated Agency Ethics Official/Reviewing Official	AgencyEthles Official's Opinion Signature of De
Schedule B-Not applicable.			(If desired by agency)
31 days of the date of filing.	Date (Month, Day, Year)	ter Reviewer	Other Review Signature of Other Reviewer
Schedule A-The reporting period for income (BLOCK C) is the preceding calendar year and the current calendar year up to the date of filing. Value assets year up to the date of the company of the compan	May 13,'07	B. Ruhiks	ICERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge.
Vice President:	Date (Month, Day, Year)	Signature of Reporting Individual	Certification Signature of Re
Nominees, New Entrants and Candidates for President and	8	Yes	to Senate Confirmation
Schedule D is not applicable.	reate a Qualified Diversified Trust?	Name of Congressional Committee Considering Nomination Do You Intend to Create	Presidential Naminees Subject Name of Congre
Termination Filers: The reporting period begins at the end of the period covered by your previous filing and ends of the date of termination Part II of			Government During the Preceding 12 Months (If Not Same as Above) None
		Title of Position(s) and Date(s) Held	Position(s) Held with the Federal Title of Position
where you must also include the filing year up to the date you file. Part II of Schedule D is not applicable.	505-828-2455	Blvd NW, Suite 200, Albuquerque, NM 87102	ice 111 Lomas
Il of Schedule C and Part I of Schedule D	Telephone No. (Include Area Code)	Address (Number, Street, City, State , and ZIP Code)	Location of Address (Numb
Reporting Periods Incumbents: The reporting period is		ce for President	Position for Which Candidate
to a second rect	ency (If Applicable)	Department or Agency (.	•
than 30 days after the last day of the filing extension period, shall be subject to a \$200 fee.	n B.	son William	Individual's Name Richardson
filed, or, if an extension is granted, more	ddle Initial	First Name and Middle Initial	
Fee for Late Filing Any individual who is required to file this report and does so more than 30 days after the date the report is required to be	Filer (able) (Month Day, Year)	Incumbent Calendar Year New Entrant, Covered by report Nominee, or X Candidate	Date of Appointment, Candidacy, Election, Reporting or Nomination (Month, Day, Year) Status (Check Appropriate Boxes)
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SF 278 (Rev. 03/2000) 5 C.F.R. Part 2634 U.S. Office of Government Et

C.F.R. Part 2634 U.S. Office of Gover Reporting Indi William	Reporting Individual's Name William B. Richardson	7		5		<u> </u>	<u> </u>	3	5	2	7	$ \sim $		SCHEDULE					ă IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII		<u> </u>	21	<u> </u>	<u> </u>	ğ		_ اچًا	og	e	9	ess	Page Number 2 ss than \$201)"
	Assets and Income		at	Ç.≲	ose .	of	rej	200	Valuation of Assets at close of reporting period	sse	ric	₾					0.11	nec 1	Income checked,		type and amount. If "None no other entry is needed in	the	r ei	r iii	y is	t. I	ede	lon d i	le (n E	(or less Block C	k (
	BLOCK A						BLOCK B	K B		1			1		1						1			BI	BLOCK C	ဂ			1			
For you, report ear production value excipation in incomment with such	For you, your spouse, and dependent children, report each asset held for investment or the production of income which had a fair market value exceeding \$1,000 at the close of the reporting period, or which generated more than \$200 in income during the reporting period, together with such income.	\$1,001))						00.000		Anna Carlotte Control				- 1		s Ty	Type	- To sok n	n \$201)					0	00	00 Amount		The state of the s		Other
For yourself, amount of ear than from the report the sou income of mo actual amour your spouse). None	For yourself, also report the source and actual amount of earned income exceeding \$200 (other than from the U.S. Government). For your spouse, report the source but not the amount of earned income of more than \$1,000 (except report the actual amount of any honoraria over \$200 of your spouse).	None (or less than	\$1,001 - \$15,000	\$15,001 - \$50,000	\$50,001 - \$100,00	\$100,001 - \$250,0	\$250,001 - \$500,0	\$500,001 - \$1,000	Over \$1,000,000*	\$1,000,001 - \$5,0	\$5,000,001 - \$25,	\$25,000,001 - \$50	Over \$50,000,000	Excepted Investm	Excepted Trust	Qualified Trust	Dividends	Rent and Royaltie	Interest	Capital Gains	None (or less than	\$201 - \$1,000	\$1,001 - \$2,500	\$2,501 - \$5,000	\$5,001 - \$15,000	\$15,001 - \$50,00	\$50,001 - \$100,0	\$100,001 - \$1,00	Over \$1,000,000	\$1,000,001 - \$5,0	Over \$5,000,000	Type & Actual Amount)
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^{*} This category applies only if the asset/income is solely that of the filer's spouse or dependent children. If the asset/income is either that of the filer or jointly held by the filer with the spouse or dependent children, mark the other higher categories of value, as appropriate.

Prior Editions Cannot Be Used.

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U.S. Office of Government Ethics								l			1		201	1.6	
Reporting Individual's Name William B. Richardson	SC	SCHEDULE	LE C	*							Page	Page Number	6		
Part I: Liabilities Report liabilities over \$10,000 owed	a mortgage on your personal residence unless it is rented out; loans secured by	None		- 1			0	ategor	y of A	Category of Amount or Value	t or V	alue ()	ž		
during the reporting period by you, your spouse, or dependent children. Check the highest amount owed during the reporting period. Exclude	or appliances; incusering furnitude or appliances; and liabilities owed to certain relatives listed in instructions. See instructions for revolving charge accounts.				0,001 - 5,000	5,001 - 0,000	0,001 - 00,000	00,001- 50,000	50,001 - 00,000	00,001 - ,000,000	er ,000,000*	,000,001-	,000,001 - 5,000,000	5,000,001 - 0,000,000	
Creditors (Name and Address)	Type of Liability	Incurred	Rate	applicable	\$10 \$15	\$15 \$50			\$25 \$50		Ov.	\$1,	\$5	\$2	Ov
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John Jones, 123 JSt., Washington, DC	Promissory note	1999		on demand	2			ļ	×	T			.51	/4 	
Los Alamos National Ba (Santa Fe, NM)	(NN no		5.5%	20yrs				×							
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Part II: Agreements or	Arrangements														
Report your agreements or arrangement employee benefit plan (e.g. pension, 401 tion of payment by a former employer (i	Report your agreements or arrangements for: (1) continuing participation in an employee benefit plan (e.g. pension, 401k, deferred compensation); (2) continuation of payment by a former employer (including severance payments); (3) leaves	of absence; and (4) ing of negotiations	e; and (4 otiation:) future employment. See instructions regarding the reports for any of these arrangements or benefits. Non	employ of the	/men se arı	t. See ange	insti ment	s or	ons r bened	egaro fits.	ling	the re	Port- None	e i
Status and To	Status and Terms of any Agreement or Arrangement							Parties	S			-		-	Date
Example Pursuant to partnership agreement, calculated on service performed three	Pursuant to partnership agreement, will receive lump sum payment of capital account & partnership share calculated on service performed through 1/00.	rtnership shar	e	Doe Jones & Smith, Hometown, State	& Smit	ı, Hom	etown,	State							7/85
Stock options granted for service on Board of Directors intention is to exercise my vested option and divest my	Stock options granted for service on Board of Directors between 03/01 and 06/02. My present intention is to exercise my vested option and divest my interest in the stock if elected President.	My present lected Presi	lent.	Valero E	Energy	Corp.	, S	an A	Antonio,		X				03/01
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Reporting Individual's Name William B. Richardson		SCHEDULE D	a E	7
Part I: Positions Held Outside U.S. Government Report any positions held during the applicable reporting period, whether compensated or not Positions include but are not limited to those of an officer, director,	Outside U.S. Government ipplicable reporting period, whether compennent limited to those of an officer, director,	₽nt	organization or educational institution. Exclude positions with religious, social, fraternal, or political entities and those solely of an honorary	with religious, honorary
trustee, general partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise or any non-profit	esentative, employee, or consult her business enterprise or any n	-		None
Organization (Name and Address)	nd Address)	Type of Organization	Position Held	, Yr.) T
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Examples Doe Jones & Smith, Hometown, State		Law firm	Partner	7/85 1/00
State of New Mexico		State Government	Governor	1/03 presen
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Part II: Compensation Report sources of more than \$5,000 co	in Excess of \$5,00 mpensation received by you or you	lid	Do not complete this part if you are an Incumbent, Termination Filer, or Vice Presidential or Presidential Candidate.	part if you are an tion Filer, or Vice dential Candidate.
business affiliation for services provided directly by you during any one year of the reporting period. This includes the names of clients and customers of any corporation, firm, partnership, or other business enterprise, or any other	d directly by you during any one names of clients and customers or business enterprise, or any other	you directly provided services generating a need not report the l	I the fee or payment of more than \$5,000. You J.S. Government as a source.	You None
Source (Name and Address)	d Address)		Brief Description of Duties	
Examples Doe Jones & Smith, Hometown, State Metro University (client of Doe Jones & Smith), Moneytown, State	mith), Moneytown, State	Legal services in connection with university construction	uction	
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