#### **OMB APPROVAL** FORM D OMB Number:.....3235-0076 UNITED STATES Expires: ..... April 30, 2008 SECURITIES AND EXCHANGE COMMISSION Estimated average burden Washington, D.C. 20549 hours per form ......16.00 FORM D ED SEC USE ONLY NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D. Prefix Serial 2 7 2007 SECTION 4(6), AND/OR WFORM LIMITED OFFERING EXEMPTION **DATE RECEIVED** 209 Name of Offering heck if this is an amendment and name has changed, and indicate change.) Limited Liability Company interests in Richardson Fund A, LLC Filing Under (Check box(es) that apply): ☐ Rule 505 □ ULOE □ Rule 504 □ Rule 506 Section 4(6) Type of Filing: ■ New Filing A. BASIC IDENTIFICATION DATA Enter the information requested about the issuer Name of Issuer check if this is an amendment and name has changed, and indicate change. Richardson Fund A. LLC Address of Executive Offices Telephone Number (Including Area Code) 8029 Park Lane, Bethesda, MD 20814 (Number and Street, City, State, Zip Code) (240) 753-4806 Address of Principal Offices (Number and Street, City, State, Zip Code) Telephone Number (Including Area Code) (if different from Executive Offices) Brief Description of Business: private investment company Type of Business Organization ☐ limited partnership, already Interesting. corporation ☐ limited partnership, to be for NANCIA business trust Limited liability company Month Year Actual or Estimated Date of Incorporation or Organization: 0 06 ☐ Estimated

### **GENERAL INSTRUCTIONS**

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

CN for Canada; FN for other foreign jurisdiction)

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service Abbreviation for State;

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

#### State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

## **ATTENTION**

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Persons who respond to the collection of information contained in this form are

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not required to respond unless the form displays a currently valid OMB control number. A. BASIC IDENTIFICATION DATA 2. Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer; Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. Check Box(es) that Apply: □ Promoter ■ Executive Officer □ Director Managing Member Full Name (Last name first, if individual): J.J. Richardson, LLC Business or Residence Address (Number and Street, City, State, Zip Code): 8029 Park Lane, Bethesda, MD 20814 Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner □ Director ☐ General and/or Managing Partner Full Name (Last name first, if individual): Siegel, John R. Business or Residence Address (Number and Street, City, State, Zip Code): 8029 Park Lane, Bethesda, MD 20814 Check Box(es) that Apply: □ Promoter ■ Beneficial Owner ☐ Executive Officer □ Director General and/or Managing Partner Full Name (Last name first, if individual): Peckis, Joe Business or Residence Address (Number and Street, City, State, Zip Code): c/o J.J. Richardson, LLC, 8029 Park Lane, Bethesda, MD 20814 Check Box(es) that Apply: ☐ Promoter ■ Beneficial Owner ☐ Executive Officer □ Director ☐ General and/or Managing Partner Full Name (Last name first, if individual): Peckis, M. Business or Residence Address (Number and Street, City, State, Zip Code): c/o J.J. Richardson, LLC, 8029 Park Lane, Bethesda, MD 20814 Check Box(es) that Apply: □ Promoter Beneficial Owner ☐ Executive Officer □ Director ☐ General and/or Managing Partner Full Name (Last name first, if individual): Business or Residence Address (Number and Street, City, State, Zip Code): Check Box(es) that Apply: □ Director ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ General and/or Managing Partner Full Name (Last name first, if individual): Business or Residence Address (Number and Street, City, State, Zip Code): Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner □ Executive Officer ☐ Director ☐ General and/or Managing Partner Full Name (Last name first, if individual): Business or Residence Address (Number and Street, City, State, Zip Code): Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer □ Director ☐ General and/or Managing Partner Full Name (Last name first, if individual): Business or Residence Address (Number and Street, City, State, Zip Code): Check Box(es) that Apply: □ Promoter Beneficial Owner ☐ Executive Officer □ Director ☐ General and/or Managing Partner

(Use blank sheet, or copy and use additional copies of this sheet, as necessary)

	<del>,-</del>				В.	INFORM	MATION	ABOUT	OFFER	RING			····
1. H	las the issue	er sold, or (	does the is	suer inten			redited inve pendix, Co				••••••	☐ Yes	⊠ No
2. V	What is the minimum investment that will be accepted from any individual?											0,000 (may be waived)	
3. [	oes the offe	iring permi	it joint own	ership of a	ı single uni	it?			• • • • • • • • • • • • • • • • • • • •			⊠ Yes	. □ No
4. E	Inter the info iny commiss offering. If a ind/or with a issociated pe	ormation re ion or simi person to state or st	equested fo ilar remune be listed is tates, list th	or each pe eration for an associ ne name o	rson who h solicitation lated perso f the broke	nas been o of purcha on or agen er or deale	or will be pa sers in con t of a brok r. If more	aid or give nnection w er or deale than five (\$	n, directly ith sales o er registere 5) persons	or indirect if securities ed with the to be liste	ly, s in the SEC d are		
Full N	ame (Last na	ame first, i	f individual	)									
Busine	ess or Resid	ence Addr	ess (Numb	per and St	eet, City,	State, Zip	Code)				,,,,,		
Name	of Associate	ed Broker o	or Dealer										
_ (	in Which Pe Check "All S	tates" or c	heck indivi	dual State	s)								☐ All States
[AL						_	☐ [DE]			[GA]	[HI]	[ID]	
		[(iA]		□ [KY]		• -	[MD]						
☐ [M		[NV] □ [SD]		[LN]		[VY]		[AM]			[OR]		
	ame (Last na		_										
Busine	ess or Reside	ence Addr	ess (Numb	er and Str	eet, City, S	State, Zip	Code)			_	<u> </u>		
Name	of Associate	ed Broker o	or Dealer						·				
	in Which Pe												☐ All States
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	[NI]	□ [iA]	☐ [KS]	[KY]	☐ [LA]	☐ [ME]	☐ [MD]	☐ [MA]	[MI]	[MN]	☐ [MS]	[MO]	
[M]	r) 🔲 [NE]		□ [NH]	□ [NJ]	□ [NM]	□ [NY]	☐ [NC]	□ [ND]	[OH]	□ (OK)		□ [PA]	
☐ [RI]		☐ [SD]	[TN]	□ [TX]	□ [UT]		□ [VA]	□ [WA]	□ [WV]	[WI]	□ [WY]	□ [PR]	
Full Na	ame (Last na	ame first, if	individual	)									-
Busine	ess or Reside	ence Addr	ess (Numb	er and Str	eet, City, S	State, Zip	Code)						
Name	of Associate	ed Broker o	or Dealer				-						
	in Which Pe Check "All St												☐ All States
□ [AL							☐ [DE]			□ [GA]	[HI]	□ [ID]	
	[NI]	□ [IA]			□ [LA]	☐ (ME)	☐ [MD]	☐ [MA]	[MI]	[MN]	☐ (MS)	☐ (MO)	
□ [М]		□ [NV]	□ [NH]				☐ [NC]						
□ [RI]		□ [SD]	[MT]	[TX]	[UT]	[VT]	□ [VA]	[WA]	[VW]	[WI]	[WY]	□ [PR]	

(Use blank sheet, or copy and use additional copies of this sheet, as necessary)

# C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box   and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.				
	Type of Security		Aggregate Offering Price		Amount Already Sold
	Debt	. <u>\$</u>	0	\$	0
	Equity	. <u>\$</u>	0	\$	0
	☐ Common ☐ Preferred				
	Convertible Securities (including warrants)	. <u>\$</u>	0	\$	0
	Partnership Interests	. <u>s</u>	0	\$	0
	Other (Specify) limited liability company interests	\$	100,000,000	\$	1,244,187
	Total	\$	100,000,000	\$	1,244,187
	Answer also in Appendix, Column 3, if filing under ULOE				
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."				
			Number Investors		Aggregate Dollar Amount of Purchases
	Accredited Investors	·	15	\$	1,244,187
	Non-accredited Investors		0	\$	0
	Total (for filings under Rule 504 only)		. 0	\$	0
	Answer also in Appendix, Column 4, if filing under ULOE				
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C-Question 1.				
	Type of Offering		Types of Security		Dollar Amount Sold
	Rule 505		-	\$	0
	Regulation A			* \$	0
	Rule 504		0	\$	0
	Total		0	\$	0
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.				
	Transfer Agent's Fees		🗖	\$	0
	Printing and Engraving Costs		🗖	\$	0
	Legal Fees		🛛	\$	41,133
	Accounting Fees		🗆	\$	0
	Engineering Fees		🗆	\$	0
	Sales Commissions (specify finders' fees separately)		🗆	\$	0
	Other Expenses (identify)		🗆	\$	0
	Total		🗆	\$	41,133

4 b. Enter the difference between the aggregate offering							
Question 1 and total expenses furnished in response to	Part C-Question 4.a. This differe	nce is the			<u>\$</u>	99,958,	867
used for each of the purposes shown. If the amount for estimate and check the box to the left of the estimate.	any purpose is not known, furnish The total of the payments listed mu	an ist equal	Óffic Direc	ers, tors &			
Salaries and fees			\$	0		\$	0
Purchase of real estate			\$	0		\$	0
Purchase, rental or leasing and installation of ma	achinery and equipment		\$	0		<u>\$</u>	0
Construction or leasing of plant buildings and fac	cilities		\$	0	□	\$	0
offering that may be used in exchange for the as	sets or securities of another issue		•	0	П	c	0
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	D EEDERAL SIGNATUR						
constitutes an undertaking by the issuer to furnish to the U.S.	undersigned duly authorized perso S. Securities and Exchange Comm	n. If this	notice is filed upon written req	under Rule 5 uest of its st	505, the	following si information	gnature furnished
Januar / Drint or Tune)	Signature		7/	Da	te		
Issuer (Print or Type)		1 . 0 . (		!	Augu	st 27,2	007
Richardson Fund A, LLC	01/	/ 4	<u> </u>				
Richardson Fund A, LLC  Name of Signer (Print or Type)	Title of Signer (Print or Type) Principal of J.J. Richardson	LLC. Mar	aging Membe	•			
Richardson Fund A, LLC	_ ` ` ` · · · ·	LLC, Mar	aging Membe	•			
Richardson Fund A, LLC  Name of Signer (Print or Type)	_ ` ` ` · · · ·	LLC, Mar	aging Membe	•			
Richardson Fund A, LLC  Name of Signer (Print or Type)	_ ` ` ` · · · ·	LLC, Mar	aging Membe	•			
Richardson Fund A, LLC  Name of Signer (Print or Type)	_ ` ` ` · · · ·	LLC, Mar	aging Membe	•			
Richardson Fund A, LLC  Name of Signer (Print or Type)	of real estate						
Richardson Fund A, LLC  Name of Signer (Print or Type)	_ ` ` ` · · · ·	LLC, Mar	aging Membe	•			
Richardson Fund A, LLC  Name of Signer (Print or Type)	_ ` ` ` · · · ·	LLC, Mar	aging Membe	•			
Richardson Fund A, LLC  Name of Signer (Print or Type)	_ ` ` ` · · · ·	LLC, Mar	aging Membe	•			
Richardson Fund A, LLC  Name of Signer (Print or Type)	_ ` ` ` · · · ·	LLC, Mar	aging Membe	•			
Richardson Fund A, LLC  Name of Signer (Print or Type)	_ ` ` ` · · · ·	LLC, Mar	aging Membe	•			

intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

		E. STATE SIGNATURE							
1,	Is any party described in 17 CFR 230.262 presently provisions of such rule?	ly subject to any of the disqualification	☐ Yes  ☑ No						
	See Appe	endix, Column 5, for state response.							
2.	The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed a notice on Form D (17 CFR 239.500) at such times as required by state law.								
3.	The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.								
4.		is familiar with the conditions that must be satisfied to be entitled to is filed and understands that the issuer claiming the availability of tisfied.							
	uer has read this notification and knows the contents red person.	to be true and has duly caused this notice to be signed on its beha	alf by the undersigned duly						
	Print or Type) Ison Fund A, LLC	Signature SI	Date August 27,2007						
Name o	f Signer (Print or Type)	Title of Signer (Print or Type)							
John B	Siegel	Principal of J. J. Richardson, J. C. Managing Member of the Issuer							

### Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

				APF	PENDIX				
		<u> </u>				4		1	
1	Intend to sell to non-accredited investors in State (Part B – Item 1)		Type of security and aggregate offering price offered in state (Part C – Item 1)		Disquali under Sta (if yes, explana waiver g (Part E –	fication te ULOE attach ation of granted)			
State	Yes	No	Limited Liability Company Interests	Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
AL									
AK					•				
AZ			-			-			
AR							<u>-</u>		
CA		1							
со									
СТ									
DE									
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GA									
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IA									
KS		_							
KY									
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ME			#±00 000 000		<b>\$500.700</b>		<u> </u>		   v
MD MA		×	\$100,000,000	6	\$520,706	0	\$0		X
MI			\$100,000,000	2	\$100,000	0	\$0		×
MN			-				-		
MS			-				!		
MO									
MT									
NE									
NV									
NH									
NJ									
NM									

				APF	PENDIX				
1		2	3			4			<del></del> ;
	Intend to sell to non-accredited investors in State (Part B – Item 1)		Type of security and aggregate offering price offered in state (Part C – Item 1)		Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E – Item 1)				
State	Yes	No	Limited Liability Company Interests	Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
NY							· · · · · · · · · · · · · · · · · · ·		
NC									
ND									
ОН							<del></del>		
ок									
OR									
PA		Х	\$100,000,000	2	\$83,561	0	\$0		х
RI									
sc									
SD									
TN									
тх		х	\$100,000,000	4	\$494,920	0	\$0		x
UT									
VT									
VA		X	\$100,000,000	1	\$25,000	0	\$0		x
WA			_						
wv					· · · · · · · · · · · · · · · · · · ·				
WI									
WY								_	
Non US									

