

# UNITED STATES HOUSE OF REPRESENTATIVES FINANCIAL DISCLOSURE STATEMENT

For New Members, Candidates, and New Employees

## FORM B

Name: MATTHEWS, KATHLEEN

Daytime Telephone: \_\_\_\_\_

### FILER STATUS

☒

New Member of or Candidate for U.S. House of Representatives  
Candidates - Date of Election: \_\_\_\_\_  
State: MARYLAND  
District: 8TH CONGRESSIONAL

☐

Check if Amendment

☐

New Officer or Employee  
Employing Office: \_\_\_\_\_

Period Covered: January 1, 2014  
to JULY 31, 2015

A \$200 penalty shall be assessed against any individual who files more than 30 days late.

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2015 AUG 28 AM 9:20  
U.S. HOUSE OF REPRESENTATIVES  
(Office Use Only)

## PRELIMINARY INFORMATION - ANSWER EACH OF THESE QUESTIONS

A. Did you, your spouse, or your dependent child:

a. Own any reportable asset that was worth more than \$1,000 at the end of the reporting period? or  
b. Make more than \$200 in unearned income from any reportable asset during the reporting period?

Yes ☒ No ☐

E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing?

Yes ☒ No ☐

C. Did you or your spouse have "earned" income (e.g., salaries, honoraria, or pension/IRA distributions) of \$200 or more during the reporting period?

Yes ☒ No ☐

F. Did you have any reportable agreements or arrangements with an outside entity during the reporting period or in the current calendar year up through the date of filing?

Yes ☒ No ☐

D. Did you, your spouse, or your dependent child have any reportable liability (more than \$10,000) at any point during the reporting period?

Yes ☐ No ☒

J. Did you receive compensation of more than \$5,000 from a single source in the current year and two prior years?

Yes ☐ No ☒

ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES"

THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU ARE REQUIRED TO COMPLETE

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER BOTH OF THESE QUESTIONS

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 this report details of such a trust that benefits you, your spouse, or your dependent child?

Yes ☐ No ☒

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 ☒

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## NAME: KATHLEEN MATTHEWS

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## NAME: KATHLEEN MATTHEWS

BLOCK A		BLOCK B		BLOCK C		BLOCK D	
Asset used for Income Source		Value of Asset		Type of Income		Amount of Income (estimated at maturity level)	
Current Year	Preceding Year	A	B	I	II	III	IV
		None	None	None	None	None	None
		\$1 - \$1,000	\$1 - \$1,000	\$1 - \$200	\$1 - \$200	\$1 - \$200	\$1 - \$200
		\$1,001 - \$15,000	\$1,001 - \$15,000	\$201 - \$1,000	\$201 - \$1,000	\$1,001 - \$1,000,000	\$1,001 - \$1,000,000
		\$15,001 - \$50,000	\$15,001 - \$50,000	\$1,001 - \$2,500	\$1,001 - \$2,500	\$2,501 - \$5,000	\$2,501 - \$5,000
		\$50,001 - \$100,000	\$50,001 - \$100,000	\$2,501 - \$5,000	\$2,501 - \$5,000	\$5,001 - \$15,000	\$5,001 - \$15,000
		\$100,001 - \$250,000	\$100,001 - \$250,000	\$15,001 - \$50,000	\$15,001 - \$50,000	\$15,001 - \$50,000	\$15,001 - \$50,000
		\$250,001 - \$500,000	\$250,001 - \$500,000	\$50,001 - \$100,000	\$50,001 - \$100,000	\$100,001 - \$1,000,000	\$100,001 - \$1,000,000
		\$500,001 - \$1,000,000	\$500,001 - \$1,000,000	\$1,000,001 - \$5,000,000	\$1,000,001 - \$5,000,000	\$5,000,001 - \$10,000,000	\$5,000,001 - \$10,000,000
		\$1,000,001 - \$5,000,000	\$1,000,001 - \$5,000,000	Over \$5,000,000	Over \$5,000,000	Over \$5,000,000	Over \$5,000,000
		\$5,000,001 - \$25,000,000	\$5,000,001 - \$25,000,000	Spouse/DC Income over \$1,000,000*	Spouse/DC Income over \$1,000,000*	Spouse/DC Income over \$1,000,000*	Spouse/DC Income over \$1,000,000*
		\$25,000,001 - \$50,000,000	\$25,000,001 - \$50,000,000	None	None	None	None
		Over \$50,000,000	Over \$50,000,000	\$1 - \$200	\$1 - \$200	\$201 - \$1,000	\$201 - \$1,000
				\$201 - \$1,000	\$201 - \$1,000	\$1,001 - \$2,500	\$1,001 - \$2,500
				\$2,501 - \$5,000	\$2,501 - \$5,000	\$5,001 - \$15,000	\$5,001 - \$15,000
				\$15,001 - \$50,000	\$15,001 - \$50,000	\$50,001 - \$100,000	\$50,001 - \$100,000
				\$100,001 - \$1,000,000	\$100,001 - \$1,000,000	\$1,000,001 - \$5,000,000	\$1,000,001 - \$5,000,000
				Over \$5,000,000	Over \$5,000,000	Over \$5,000,000	Over \$5,000,000
				Spouse/DC Income over \$1,000,000	Spouse/DC Income over \$1,000,000	Spouse/DC Income over \$1,000,000	Spouse/DC Income over \$1,000,000
				None	None	None	None
				\$1 - \$200	\$1 - \$200	\$201 - \$1,000	\$201 - \$1,000
				\$201 - \$1,000	\$201 - \$1,000	\$1,001 - \$2,500	\$1,001 - \$2,500
				\$2,501 - \$5,000	\$2,501 - \$5,000	\$5,001 - \$15,000	\$5,001 - \$15,000
				\$15,001 - \$50,000	\$15,001 - \$50,000	\$50,001 - \$100,000	\$50,001 - \$100,000
				\$100,001 - \$1,000,000	\$100,001 - \$1,000,000	\$1,000,001 - \$5,000,000	\$1,000,001 - \$5,000,000
				Over \$5,000,000	Over \$5,000,000	Over \$5,000,000	Over \$5,000,000
				Spouse/DC Income over \$1,000,000	Spouse/DC Income over \$1,000,000	Spouse/DC Income over \$1,000,000	Spouse/DC Income over \$1,000,000

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**NAME: KATHLEEN MATTHEWS**

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## NAME: KATHLEEN MATTHEWS

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**NAME: KATHLEEN MATTHEWS**

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**NAME: KATHLEEN MATTHEWS**

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SCHEDULE A - ASSETS AND "UNEARNED" INCOME

NAME: KATHLEEN MATTHEWS

BLOCK A		BLOCK B													BLOCK C										BLOCK D																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																	
Asset and/or Income Source		Value of Asset													Type of Income										Amount of Income (Indicated at Income Level)																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																	
SP	DC	A	B	C	D	E	F	G	H	I	J	K	L	M	None	DIVIDENDS	ROST	INTEREST	CAPITAL GAINS	EXCEPTED/BLIND TRUST	TAX-DEFERRED	Other Type of Income	I	II	III	IV	V	VI	VII	VIII	IX	X	XI	XII	I	II	III	IV	V	VI	VII	VIII	IX	X	XI	XII																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																												
IT		None	\$1 - \$1,000	\$1,001 - \$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 - \$25,000,000	\$25,000,001 - \$50,000,000	Over \$50,000,000	Spouse/DC Asset over \$1,000,000*	None								None	\$1 - \$200	\$201 - \$1,000	\$1,001 - \$2,500	\$2,501 - \$5,000	\$5,001 - \$15,000	\$15,001 - \$50,000	\$50,001 - \$100,000	\$100,001 - \$1,000,000	\$1,000,001 - \$5,000,000	Over \$5,000,000	Spouse/DC Income over \$1,000,000	None	\$1 - \$200	\$201 - \$1,000	\$1,001 - \$2,500	\$2,501 - \$5,000	\$5,001 - \$15,000	\$15,001 - \$50,000	\$50,001 - \$100,000	\$100,001 - \$1,000,000	\$1,000,001 - \$5,000,000	Over \$5,000,000	Spouse/DC Income over \$1,000,000																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																												
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**NAME: KATHLEEN MATTHEWS**

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## NAME: KATHLEEN MATTHEWS

BLOCK A Asset and/or Income Sources	BLOCK B Value of Asset	BLOCK C Type of Income	BLOCK D Amount of Income (estimated at security level)	BLOCK E Spouse/DC Income (estimated at security level)	BLOCK F Spouse/DC Income over \$1,000,000
Asset/Income Source	Value of Asset	Type of Income	Amount of Income (estimated at security level)	Spouse/DC Income (estimated at security level)	Spouse/DC Income over \$1,000,000
A	B	C	D	E	F
None	\$1 - \$1,000	DIVIDENDS	None	None	None
	\$1,001 - \$15,000	INTEREST	\$1 - \$200	\$1 - \$200	\$1 - \$200
	\$15,001 - \$50,000	CAPITAL GAINS	\$201 - \$1,000	\$201 - \$1,000	\$201 - \$1,000
	\$50,001 - \$100,000	EXCEPTED/BLIND TRUST	\$1,001 - \$2,500	\$1,001 - \$2,500	\$1,001 - \$2,500
	\$100,001 - \$250,000	TAX-DEFERRED	\$2,501 - \$5,000	\$2,501 - \$5,000	\$2,501 - \$5,000
	\$250,001 - \$500,000	Other Type of Income	\$5,001 - \$15,000	\$5,001 - \$15,000	\$5,001 - \$15,000
	\$500,001 - \$1,000,000		\$15,001 - \$50,000	\$15,001 - \$50,000	\$15,001 - \$50,000
	\$1,000,001 - \$5,000,000		\$50,001 - \$100,000	\$50,001 - \$100,000	\$50,001 - \$100,000
	\$5,000,001 - \$25,000,000		\$100,001 - \$1,000,000	\$100,001 - \$1,000,000	\$100,001 - \$1,000,000
	\$25,000,001 - \$50,000,000		\$1,000,001 - \$5,000,000	\$1,000,001 - \$5,000,000	\$1,000,001 - \$5,000,000
	Over \$50,000,000		Over \$5,000,000	Over \$5,000,000	Over \$5,000,000
Spouse/DC Asset over \$1,000,000*			Spouse/DC Income over \$1,000,000		
None			None		
			\$1 - \$200		
			\$201 - \$1,000		
			\$1,001 - \$2,500		
			\$2,501 - \$5,000		
			\$5,001 - \$15,000		
			\$15,001 - \$50,000		
			\$50,001 - \$100,000		
			\$100,001 - \$1,000,000		
			\$1,000,001 - \$5,000,000		
			Over \$5,000,000		
			Spouse/DC Income over \$1,000,000		
			None		
			\$1 - \$200		
			\$201 - \$1,000		
			\$1,001 - \$2,500		
			\$2,501 - \$5,000		
			\$5,001 - \$15,000		
			\$15,001 - \$50,000		
			\$50,001 - \$100,000		
			\$100,001 - \$1,000,000		
			\$1,000,001 - \$5,000,000		
			Over \$5,000,000		
			Spouse/DC Income over \$1,000,000		

## NAME: KATHLEEN MATTHEWS

## NAME: KATHLEEN MATTHEWS

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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.

professional services involving a fiduciary relationship) are totally prohibited for Members and senior staff.

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# SCHEDULE D - LIABILITIES

Name: KATHLEEN MATTHEWS

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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. **New 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.

SP, DC, JT	Creditor	Date Liability Incurred MO/YR	Type of Liability	Amount of Liability										
				A	B	C	D	E	F	G	H	I	J	K
				\$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-\$25,000,000	\$25,000,001-\$50,000,000	Over \$50,000,000	Over \$1,000,000* (Spouse/DC Liability)
Example	First Bank of Wilmington, DE	5/98	Mortgage on Rental Property, Dover, DE				X							

# SCHEDULE E - POSITIONS

Report all positions, compensated or uncompensated, 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 campaign organizations); and positions solely of an honorary nature. **New Members and second-year candidates** report positions held in the reporting period and the current calendar year. **First-year candidates and new employees** report positions held in the current calendar year and two previous years.

Position	Name of Organization
See Attachment	

**SCHEDULE E - POSITIONS****NAME: KATHLEEN MATTHEWS**

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<b>POSITION</b>	<b>NAME OF ORGANIZATION</b>
Board/Advisory Council Member	Economic Club of Washington
Board/Advisory Council Member	Girl Scout Council of the Nation's Capital, Women's Advisory Board
Board/Advisory Council Member	US Travel Association Board
Board/Advisory Council Member	US Travel and Tourism Advisory Board
Board/Advisory Council Member	Nantucket Film Festival
Board/Advisory Council Member	Dreamland Theatre of Nantucket
Board/Advisory Council Member	Catholic Charities of the Archdiocese of Washington and Maryland (through 2011)
Board/Advisory Council Member	Ford's Theatre (through 2012)
Board/Advisory Council Member	Shakespeare Theater National Council and Board (through 2012)

# **SCHEDULE F – AGREEMENTS**

Name: KATHLEEN MATTHEWS

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Identify the date, parties to, and general terms of any agreement or arrangement that you have with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties to Agreement	Terms of Agreement
	Self and DGA-Producer Pension and Health Plan	Continued participation in Union pension
	Self and Marriott International	Continued participation in 401(k) plan
	AFTRA Retirement Plan	Continues participation in retirement plan

# **SCHEDULE J – COMPENSATION IN EXCESS OF \$5,000 PAID BY ONE SOURCE**

Report sources of compensation received by you or your business affiliation for services provided directly by you during the current year and two prior years. This includes the names of clients and customers of any corporation, firm, partnership, or other business enterprise if you directly provided the services generating a fee or payment of more than \$5,000. Exclude: Payments by the U.S. government and any information considered confidential as a result of a privileged relationship recognized by law. Do not repeat information listed on Schedule C.

Source (Name and City/State)	Brief Description of Duties
Example: Doe Jones & Smith, Hometown, Homestate	Accounting Services



Name: KATHLEEN MATTHEWS

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**Use additional sheets if more space is required.**

Name:	Page <u>26</u> of <u>26</u>
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**Use additional sheets if more space is required.**



United States House of Representatives

**ETHICS IN GOVERNMENT ACT FINANCIAL DISCLOSURE STATEMENT**

For Use by New Members, Candidates, and New Employees

**WHO MUST FILE AND WHEN:** New Member Filers: New Members (i.e., those sworn in between November 3, 2014 and April 15, 2015) must file a statement on or before May 15, 2015. New Employee Filers: A new employee report must be filed within 30 days of an employee beginning their House employment. Candidate Filers: A candidate for the House generally must file a Financial Disclosure Report for each calendar year they are a candidate-not only the year of the election. The first report is due within 30 days of raising or spending \$5,000 or on May 15, whichever is later, but not less than 30 days before the primary or general election. Candidate filers also owe a report each subsequent May 15 for as long as they remain a candidate. For all filers, a clear postmark is accepted as the filing date.

**LATE REPORTS AND PENALTIES FOR FALSE REPORTS:** A \$200 late filing fee shall be assessed against any individual who files more than 30 days after the due date of a report or amendment (or the due date of any extension). Any individual who knowingly and willfully falsifies or who knowingly or willfully fails to file the required report may be subject to civil penalties and criminal sanctions. See section 104 of the Ethics in Government Act (5 U.S.C. app. 4 §§ 101-111) and 18 U.S.C. § 1001.

**REPORTING PERIOD:** New Member Filers: The period covered is the preceding calendar year, unless otherwise indicated on the Schedule. When completing Schedules A and C, fill out the "Preceding Year" information and indicate the "Current Year" information is "Not Applicable." New Employee Filers: The period covered is the preceding calendar year and the current year through the date of hiring, unless otherwise indicated on the Schedule. Candidate Filers: The period covered is the preceding calendar year and the current year through the date of filing, unless otherwise indicated on the Schedule.

**EXTENSIONS:** Requests for extension must be made using the extension request form either in the electronic filing system, available at <https://fd.house.gov>, or in hard copy form on the Committee's Web site, [www.ethics.house.gov](http://www.ethics.house.gov). The extension request must be e-mailed or faxed to the Committee and received by the due date of the report.

**WHERE TO OBTAIN ASSISTANCE:** Counsel from the Committee on Ethics are available to answer questions and offer assistance at (202) 225-7103. Additional forms and instructions are available on the Committee's Web site, [www.ethics.house.gov](http://www.ethics.house.gov), under the "Financial Disclosure" tab.

**BEFORE FILING:** Answer each question on the "Preliminary Information" page, and attach the appropriate schedule for each "Yes" response. Please type or print using blue or black ink. Do not use pencil. Attach additional sheets if necessary, indicating the section that is being continued. Type or print your name at the top of each page filed. Redact any confidential information from any attachments.

RETURN COMPLETED STATEMENT TO:  
The Clerk, U.S. House of Representatives  
Legislative Resource Center  
135 Cannon House Office Building  
Washington, DC 20515-6612

**Filing Instructions for Members and Candidates:** File a signed original and two photocopies of your report, including all attachments.

**Filing Instructions for Officers and Employees:** File a signed original and one photocopy of your report, including all attachments.