

**UNITED STATES HOUSE OF REPRESENTATIVES
FINANCIAL DISCLOSURE STATEMENT**

FORM B
For New Members, Candidates, and New Employees

HAND DELIVERED Page 1 of 6

Name: Mary Kathleen Brown Daytime Telephone: _____

LEGISLATIVE RESOURCE CENTER

2022 JUN 27 AM 10: 52
(Office Use Only)
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

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|--------------|--|--|---|--|--|
| FILER STATUS | <input checked="" type="checkbox"/> New Member of or Candidate for U.S. House of Representatives | State: <u>TX</u> District: <u>13</u> | <input type="checkbox"/> Check if Amendment | Period Covered: January 1, <u>2022</u> to <u>6-15-2022</u> | A \$200 penalty shall be assessed against any individual who files more than 30 days late. |
| | <input type="checkbox"/> Candidates - Date of Election: <u>11-8-22</u> | <input type="checkbox"/> New Officer or Employee | Staff Filer Type (if Applicable): <input type="checkbox"/> Shared <input type="checkbox"/> Principal Assistant | | |

PRELIMINARY INFORMATION - ANSWER EACH OF THESE QUESTIONS

| | |
|---|---|
| <p>A. Did you, your spouse, or your dependent child:</p> <p>a. Own any reportable asset that was worth more than \$1,000 at the end of the reporting period? OR</p> <p>b. Receive more than \$200 in unearned income from any reportable asset during the reporting period?</p> <p>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> | <p>E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing?</p> <p>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> |
| <p>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?</p> <p>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> | <p>F. Did you have any reportable agreement or arrangement with an outside entity during the reporting period or in the current calendar year up through the date of filing?</p> <p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> |
| <p>D. Did you, your spouse, or your dependent child have any reportable liability (more than \$10,000) at any point during the reporting period?</p> <p>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> | <p>J. Did you receive compensation of more than \$5,000 from a single source in the current year and two prior years?</p> <p>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> |

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 dependent child?

Yes No

EXEMPTION - Have you excluded from this report any other assets, "unearned" income, 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

SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name: Mary Kathleen Bland

Page 2 of 6

| SP, DC, JT | BLOCK A Assets and/or Income Sources | BLOCK B Value of Asset | | | | | | | | | | | | | BLOCK C Type of Income | | | | | | BLOCK D Amount of Income | | | | | | | | | | | | | | | | | | | | | | | | |
|------------|---|---------------------------|-------------|------------------|-------------------|--------------------|---------------------|---------------------|-----------------------|-------------------------|--------------------------|---------------------------|-------------------|-----------------------------------|---------------------------|-----------|------|----------|---------------|----------------------|-----------------------------|---|--------------|-----|----|---|----|-----|------|----|---|----|-----|----------------|----|-----|----|---|----|-----|------|----|---|----|-----|
| | | 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 | DIVIDENDS | RENT | INTEREST | CAPITAL GAINS | EXCEPTED/BLIND TRUST | TAX-DEFERRED | Other Type of Income (Specify: e.g., Partnership Income or Farm Income) | Current Year | | | | | | | | | | | Preceding Year | | | | | | | | | | | |
| | | A | B | C | D | E | F | G | H | I | J | K | L | M | | | | | | | | I | II | III | IV | V | VI | VII | VIII | IX | X | XI | XII | I | II | III | IV | V | VI | VII | VIII | IX | X | XI | XII |
| | Examples: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Mega Corp Stock | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Simon & Schuster | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | ABC Hedge Fund | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| SP | ST Roth IRA Charles Schwab | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| DC | ST Roth IRA Charles Schwab | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| JT | ST 4 PISCES PROPERTIES LLC | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Use additional sheets if more space is required.

SCHEDULE C - EARNED INCOME

Name: Mary Kathleen Brown

Page 3 of 6

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. government) totaling \$200 or more during the reporting period. For both the filer and filer's spouse, list the source and amount of any honoraria. List only the source for other spouse earned income exceeding \$1,000. See examples below.
EXCLUDE: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.
INCOME LIMITS and PROHIBITED INCOME: Be advised that the outside earned income limit and prohibitions on types of income may apply to you after you are on House payroll. The 2021 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was \$29,895. The 2022 limit is \$29,895. In addition, certain types of income (notably honoraria, director's fees, and payments for professional services involving a fiduciary relationship) are totally prohibited for Members and senior staff.

| Source (include date of receipt for honoraria) | Type | Amount | |
|--|---------------|------------------------|----------------|
| | | Current Year to Filing | Preceding Year |
| Examples: | | | |
| ABC Trade Association, Baltimore, MD (July 15) | Honorarium | \$0 | \$500 |
| State of Maryland | Salary | \$20,000 | \$75,000 |
| Carl Wier Roundtable (Oct. 2) | Spouse Speech | \$0 | \$1,000 |
| Orlando County Board of Education | Spouse Salary | N/A | N/A |
| HATHLEEN BROWN HONORARY AT LAW PLLC 4115 TAFT BLVD WICHITA FALLS TX 76308 | Salary | 39,415.09 | 32,000.00 |
| MICHAEL S. BROWN Remodeling & Repair 1650 PARKER RD. WICHITA FALLS TX 76310 | Spouse Income | N/A | N/A |
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SCHEDULE D - LIABILITIES

Name: Mary Kathleen Brown Page 4 of 6

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 | | | |
| | Example First Bank of Wilmington DE | 5/20 | Mortgage on Rental Property Dover DE | | | | X | | | | | | | | | | |
| ST | Pilgrimage Bank withita Falls | 09/2019 | Mortgage on Rental Prop. | | | | | X | | | | | | | | | |
| ST | Bank of the West San Francisco | 08/2016 | Vehicle (Recreational) | | X | | | | | | | | | | | | |
| ST | 1st Bank of Omaha Omaha NE | 01/2018 | Credit Card | | X | | | | | | | | | | | | |
| ST | Internal Rev. Service | 12/2017 | Income Taxes | | X | | | | | | | | | | | | |
| | Maxient | 01/192017 | Student Loan | | X | | | | | | | | | | | | |

SCHEDULE E - POSITIONS * See notes No. 1

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 |
|-----------------|-------------------------------------|
| Managing Member | Kathleen Brown Attorney at Law PLLC |
| Managing Member | 4 Rises Property LLC |
| Director | Community in Schools |

SCHEDULE F - AGREEMENTS

Name: *Mary Kathleen Brown* Page 5 of 10

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 |
|------|----------------------|--------------------|
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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 |
|--|-----------------------------|
| <i>Example:</i> Doe Jones & Smith, Hometown, State | Accounting Services |
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FILER NOTES
(Optional)

Name: Mary Kathleen Brown Page 12 of 16

| NOTE NUMBER | NOTES |
|-------------|---|
| 1 | Union Square Credit Union 1/1/22 Vehicle ST \$15,001 - \$50,000 |
| 1 | Lending Club Personal Loan ST \$15,001 - \$50,000 |
| 2 | 4129 Lovell Ave Winters Falls TX (rental property) was sold 11/2021 to a third party buyer for \$124,000.00 |
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Use additional sheets if more space is required.