

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

FORM B
For New Members, Candidates, and New Employees

Name: MATTHEWS, KATHLEEN Daytime Telephone: _____

FILER STATUS: New Member of or Candidate for U.S. House of Representatives
State: MARYLAND District: 8TH CONGRESSIONAL

Candidates - Date of Election: _____
 New Officer or Employee
Employing Office: _____

Check if Amendment

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

<p>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? <u>or</u> b. Make 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 agreements or arrangements with an outside entity 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>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 type="checkbox"/> No <input checked="" 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 type="checkbox"/> No <input checked="" 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 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

SCHEDULE C - EARNED INCOME

Name: **MATTHEWS, KATHLEEN**

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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 income limit and prohibited income may apply to you after you are on House payroll. The 2014 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was \$26,955. The 2015 limit is \$27,225. 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																
<table border="1"> <tr> <td>ABC Trade Association, Baltimore, MD (July 15)</td> <td>Honorarium</td> <td>\$0</td> <td>\$500</td> </tr> <tr> <td>State of Maryland</td> <td>Salary</td> <td>\$20,000</td> <td>\$75,000</td> </tr> <tr> <td>Civil War Roundtable (Oct. 2)</td> <td>Spouse Speech</td> <td>\$0</td> <td>\$1,000</td> </tr> <tr> <td>Ontario County Board of Education</td> <td>Spouse Salary</td> <td>N/A</td> <td>N/A</td> </tr> </table>	ABC Trade Association, Baltimore, MD (July 15)	Honorarium	\$0	\$500	State of Maryland	Salary	\$20,000	\$75,000	Civil War Roundtable (Oct. 2)	Spouse Speech	\$0	\$1,000	Ontario County Board of Education	Spouse Salary	N/A	N/A			
ABC Trade Association, Baltimore, MD (July 15)	Honorarium	\$0	\$500																
State of Maryland	Salary	\$20,000	\$75,000																
Civil War Roundtable (Oct. 2)	Spouse Speech	\$0	\$1,000																
Ontario County Board of Education	Spouse Salary	N/A	N/A																
MARRIOTT INT'L ADMIN SRVS, INC.	SALARY	\$1,220,319	\$1,471,166																
HARDBALL, INC.	SPOUSE SALARY	N/A	N/A																
NBC UNIVERSAL MEDIA LLC	SPOUSE SALARY	N/A	N/A																
GENERAL ELECTRIC PENSION TRUST	PENSION		\$44,147																
US BANK NA INST AS PAYOR MEDIA GUILD RETIREMENT PLAN	SPOUSE PENSION		N/A																
NICHE MEDIA HOLDINGS, LLC	SPOUSE ROYALTIES	N/A	N/A																
INT'L CREATIVE MGMT PARTNERS LLC	SPOUSE ROYALTIES	N/A	N/A																

Use additional sheets if more space is required.

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 \$10,001- \$15,000	B \$15,001- \$50,000	C \$50,001- \$100,000	D \$100,001- \$250,000	E \$250,001- \$500,000	F \$500,001- \$1,000,000	G \$1,000,001- \$5,000,000	H \$5,000,001- \$25,000,000	I \$25,000,001- \$50,000,000	J Over \$50,000,000	K 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	

Use additional sheets if more space is required.

SCHEDULE E - POSITIONS

NAME: KATHLEEN MATTHEWS

POSITION	NAME OF ORGANIZATION
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
<i>Example:</i> Doe Jones & Smith, Hometown, Homestate	Accounting Services

Use additional sheets if more space is required.

