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UNITED ST	UNITED STATES HOUSE OF REPRESENTATIVES 2024 FINANCIAL DISCLOSURE REPORT		Form A  LEGISLATIVE RESOURCE CENTER  Per Use by Members, Officers, and Employees  2075 HAY 15 THE PROPERTY OF	ITER
Name:	Hon. Doris O. Matsui	Daytime Telephone:	202-225-7163	∰ §ssessed against : re than 30 days lat
FILER	Member of the U.S.  House of Representatives  State: CA District: 7		Officer or Employing Office: Staff Filer	Staff Filer Type: (If Applicable) ared Principal Assistant
REPORT TYPE	2024 Annual (Due: May 15, 2025)	Amendment	Termination  Date of Termination:	
PRELIMINARY	PRELIMINARY INFORMATION – ANSWER <u>EACH</u> OF THESE	QUESTIONS	-	
A. Did you, your a. Own any re end of the b. Receive my asset durin	<ul> <li>A. Did you, your spouse, or your dependent children:</li> <li>a. Own any reportable asset that was worth more than \$1,000 at the end of the reporting period? gr</li> <li>b. Receive more than \$200 in unearned income from any reportable asset during the reporting period?</li> </ul>	Yes X No	F. Did you have any reportable agreement or arrangement withan outside entity during the reporting period or in the current calendar year up through the date of filing?	No X
B. Did you, your sell, or exchange transaction exce	B. Did you, your spouse, or your dependent children purchase, sell, or exchange any securities or reportable real estate in a transaction exceeding \$1,000 during the reporting period?	Yes X	G. Did you, your spouse, or your dependent children receive any reportable gift(s) totaling more than \$480 in value from a single source during the reporting period?	
C. Did you or you honoraria, or pen reporting period?	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	H. Did you, your spouse, or your dependent child receive any reportable travel or reimbursements for travel totaling more than Yes \$480 in value from a single source during the reporting period?	* *
D. Did you, your liability (more th	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	Did any individual or organization donate to charity in lieu of paying you for a speech, appearance, or article during the reporting period?	
E. Did you hold in the current or	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	ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES"	ANSWER "YE!
IPO AND EX	IPO AND EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER	R TRUST INFORMA	ATION - ANSWER EACH OF THESE QUESTIONS	
IPO - Did you po contact the Com	IPO - Did you purchase any shares that were allocated as a part of an Initial Public Offering during the reporting period? If you a contact the Committee on Ethics for further guidance.	al Public Offering during the	reporting period? If you answered "Yes" to this question, please Yes	☐ ₹ ⊠
TRUSTS - Detail excluded from th	TRUSTS - Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "Excepted Trusts" excluded from this report details of such a trust that benefits you, your spouse, or dependent child?	mittee on Ethics and certain use, or dependent child?	other "Excepted Trusts" need not be disclosed. Have you Yes	□ * ×
EXEMPTION - I	EXEMPTION - Have you excluded from this report any other assets, "uneamed" income, transactions, or liabilities all three tests for exemption? Do not answer 'yes' unless you have first consulted with the Committee on Ethics.	arned" income, transactions, nsulted with the Committee o	or liabilities of a spouse or your dependent child because they meet Yes	□ 8 <b>X</b>

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Dates For US Treasury Notes are maturity dates.

\*\*These investments were tresterred, by in-land gift to a charitable foundation in 2024.

\*\*Note the state of the sure EIF. but is subject to a Confidentiality Agreement

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## SCHEDULE C - EARNED INCOME

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Name: Hon. Doris O. Matsui Page 8 of 13

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 a 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.

certain types of inco	INCOME LIMITS and PROHISITED INCOME: The 2024 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was \$31,815. The 2025 limit is \$33,285. In addition, certain types of income (notably honorane, director's fees, and payments for professional services involving a fiduciary relationship) are totally prohibited.	ebove the "senior staff" rate was \$31,815.	The 2025 limit is \$33,285. In addition,
	Source (include date of receipt for honoraria)	Туре	Amount
	Keene State	Approved Teaching Fee	\$5,000
Examples:	State of Maryland	Legislative Pension	\$18,000
	Chil War Roundtable (Oct. 2)	Spouse Speech	\$1,000
	Ontario County Board of Education	Spouse Salery	N/A
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	Name:
	Page 9
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\$10,000. \*Column K is for liabilities held solely by your spouse or dependent children. 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 are not 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 liability); and liabilities owed to you by a spouse or the children, 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 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 children. Mark the highest amount owed during the reporting period.

JT Am Cap	0	Ехапрів		9P. DC. म			- C.C.C.C. CCCC.
	Capital One	American Express	First Bank of Wilmington, DE	Greditor			
	12/24	12/24	5/20	Date Liability Incurred MO/YR			Contract of solutions
	Credit Card	Credit Card	Mortgage on Rental Property, Dover, DE	Type of Liability		•	
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### **SCHEDULE E - POSITIONS**

Greater Sacramento Economic Council	At-large Director (advisory in nature)
Smithsonian National Museum of African American History and Culture	Member of Advisory Council
Smithsonian National Museum of American History	Advisory Board Member
Smithsonian Board of Regents	Regent
Name of Organization	Position
Report all positions, compensated or uncompensated, held during the current or prior calendar year 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.	Report all positione, compensated or uncompensated, hald consultant of any corporation, firm, partnership, or other but held in any religious, social, fraternal, or political entities (su

### SCHEDULE F - A

GREEMENTS		
	Name	Page 10 of 13
to, and general terms of any agreement or amangement that you have with respect to future employment; a leave of absence during the per	xt to future employment; a leave of absence during the period of G	ariod 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. Identify the date, parties

Date	Parties to Agreement	Terms of Agreement
•		

#### SCHEDULE G - GIFTS

Report the source (by name), a brief description, and the value of all gifts totaling more than \$480 received by you, your spouse, or your dependent children from any source during the year. Exclude: Gifts from relatives, gifts of personal hospitality from an individual (which may not include a registered tobbyist or foreign agent), tocal meals, and gifts to a spouse or dependent children that are totally independent of his or her relationship to you. Gifts with a value of \$192 or less need not be added towards the \$480 disclosure threshold. Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule and some gifts require prior approval of the Committee on Ethios.

	Source	Description	Value
Example:	Mr. Joseph Smith, Arlington, VA	Silver Platter (prior determination of personal friendship received from the Committee on Ethics)	\$590
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# SCHEDULE H - TRAVEL PAYMENTS and REIMBURSEMENTS

Name:
Page 11 of 13

Identify the source and list travel kinerary, dates, and nature of expenses provided for travel and travel-related expenses totaling more than \$480 received by you, your spouse, or your dependent children during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense. Disclosure is required regardless of whether the expenses were paid directly by the sponsor or were paid by you and reimbursed by the sponsor.

EXCLUDE: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (FGDA, 5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent children that is totally independent of his or her relationship to the

	Source	Deta(s)	City of Departure-Destination-City of Return	Lodging? (Y/N)	Food? (YM)	Family Flember Included? (Y7N)
	Government of China (MECEA)	Aug. 6-11	DC-Beijing, Chine-DC	٧	٧.	Z
Examples:	les: Habitet for Humanity (Charity Fundralser)	Mar. 3-4	DC-Boston-DC	*	*	Y
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## SCHEDULE I – PAYMENTS MADE TO CHARITY IN LIEU OF HONORARIA

Name:	
Page 12 of 13	

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list the source, ac confidential list o	Ist the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of paying an honorarium to you. A separate confidential list of charities receiving such payments must be flied directly with the Committee on Ethics.	went to a charitable organization in lieu	u of paying an honorarium to	you. A separate
	Source	Activity	Date	Amount
xemples:	Association of American Associations, Washington, DC	Speech	Feb. 2, 2024	\$2,000
		711000		
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