State of Washington

PUBLIC DISCLOSURE COMMISSION

711 Capitol Way Rm. 206, PO Box 40908 • Olympia, Washington 98504-0908
(360) 753-1111 • FAX (360) 753-1112
Toll Free 1-877-601-2828 • E-mail: pdc@pdc.wa.gov • **Website:** www.pdc.wa.gov

MATTHEW BISHOP
2105 N STEPTOE ST TRL # 141
KENNEWICK, WA 99336

Also delivered electronically to "mathewb.richland@gmail.com"

October 11, 2019

Subject: F-1 Enforcement Hearing Notice, PDC Case Number 54979

Dear Matthew Bishop:

Public Disclosure Commission (PDC) records indicate that you declared your candidacy for the office of School Director for Richland School District 400 and failed to file the Personal Financial Affairs Statement (F-1 report). The F-1 report discloses your financial activities for twelve calendar months prior to declaring candidacy and was required to have been filed no later than May 14, 2019.

On July 15, 2019, PDC staff received a complaint from Michele Levenite alleging that you had violated RCW 42.17A.700 by failing to file the F-1 report due no later than May 14, 2019. On July 19, 2019, PDC staff provided you with a copy of the complaint and an opportunity to respond to the allegations and file the missing F-1 report, as well as missing reports that were the subject of prior violations, no later than August 2, 2019. On August 29, 2019, PDC staff sent you a final warning that if you failed to file the missing F-1 report by September 6, 2019, you would be called to hearing before the full Public Disclosure Commission. The missing F-1 report has not been received to date.

Therefore, in accordance with RCW 42.17A.110 and RCW 42.17A.755, an Enforcement Hearing before the Full Commission has been scheduled to determine if you violated RCW 42.17A.700 by failing to timely file the required F-1 report within two weeks of becoming a candidate.

Enforcement Hearing Information

Date and time:	**Thursday, October 24, 2019 at 1:45 p.m.**
Place:	Evergreen Plaza Building, Room 206 711 Capitol Way, Olympia, WA, 98504-0908
Presiding Officer:	David Ammons, Chair, Public Disclosure Commission

If you do not plan to be present at the hearing, you may submit evidence in your own behalf or in mitigation for distribution to Commission members. Please submit this information so that it is received by the PDC no later than **12:00 p.m. Thursday, October 17, 2019**.

Evidence can be submitted by email at pdc@pdc.wa.gov or mailed to:

Compliance and Enforcement
Public Disclosure Commission
PO Box 40908
Olympia, WA 98504-0908

Please reference Case Number **54979** in the subject line of the email or on any correspondence.

If a hearing proceeds and you fail to attend or provide information on your own behalf, you may be in default and the Commission may assess appropriate penalties. The Commission has the authority to assess a penalty of up to $10,000 per violation, or they can find apparent violations and refer the matter to the Attorney General for higher penalties.

You are not required by law to personally attend the hearing. PDC staff will present this matter to the Commission. However, the PDC recommends that respondents personally appear whenever possible. If you plan to attend the hearing in-person or by telephone, please notify PDC staff at your earliest convenience but no later than **12:00 p.m. Thursday, October 17, 2019**.

If you have questions regarding this matter, please contact PDC staff at pdc@pdc.wa.gov.

Sincerely,

PDC Staff
Compliance and Enforcement Division

Enclosure:

- Blank Personal Financial Affairs Statement (F-1 report)

PUBLIC DISCLOSURE COMMISSION
711 CAPITOL WAY RM 206
PO BOX 40908
OLYMPIA WA 98504-0908
(360) 753-1111
TOLL FREE 1-877-601-2828

PDC FORM **F-1** (11/18)

PERSONAL FINANCIAL AFFAIRS STATEMENT

POST MARK

PDC OFFICE USE

RECEIVED

Refer to instruction manual for detailed assistance and examples.

Deadlines: **Incumbent elected and appointed officials -- by April 15. Candidates and others -- within two weeks of becoming a candidate or being newly appointed to a position.**

SEND REPORT TO PUBLIC DISCLOSURE COMMISSION

DOLLAR CODE	AMOUNT
A	$1 to $4,499
B	$4,500 to $23,999
C	$24,000 to $47,999
D	$48,000 to $119,999
E	$120,000 or more

Last Name | First | Middle Initial

Mailing Address (Use PO Box or Work Address) *

City | County | Zip + 4

Names of immediate family members, including registered domestic partner. If there is no reportable information to disclose for dependent children, or other dependents living in your household, do not identify them. Do identify your spouse or registered domestic partner. See F-1 manual for details.

Filing Status (Check only one box.)

- ☐ An elected or state appointed official filing annual report
- ☐ Final report as an elected official. Term expired: _____
- ☐ Candidate running in an election: month _____ year _____
- ☐ Newly appointed to an elective office
- ☐ Newly appointed to a state appointive office
- ☐ Professional staff of the Governor's Office and the Legislature

Office Held or Sought

Office title: _____

County, city, district or agency of the office, name and number: _____

Position number: _____

Term begins: _____ ends: _____

1 INCOME

List each employer, or other source of income (pension, social security, legal judgment, etc.) from which you or a family member, including registered domestic partner, received $2,400 or more during the period. Include stock options received during the reporting period that had a value of $2,400 or more. (Report interest and dividends in Item 3.)

Show Self (S) Spouse (SP/DP) Dependent (D)	Name and Address of Employer or Source of Compensation	Occupation or How Compensation Was Earned	Amount: (Use Code)

Check Here ☐ if continued on attached sheet

2 REAL ESTATE

List street address, assessor's parcel number, or legal description AND county for each parcel of Washington real estate with value of over $12,000 in which you or a family member, including registered domestic partner, held a personal financial interest during the reporting period. (Show partnership, company, etc. real estate on F-1 supplement.)

Property Sold or Interest Divested	Assessed Value (Use Code)	Name and Address of Purchaser		Nature and Amount (Use Code) of Payment or Consideration Received	
Property Purchased or Interest Acquired		**Creditor's Name/Address**	**Payment Terms**	**Security Given**	**Mortgage Amount - (Use Code) Original / Current**
All Other Property Entirely or Partially Owned Check here ☐ if continued on attached sheet					

CONTINUE ON NEXT PAGE

3 ASSETS / INVESTMENTS - INTEREST / DIVIDENDS

List bank and savings accounts, insurance policies, stock, bonds and other intangible property (including but not limited to stock options) held during the reporting period.

	Type of Account or Description of Asset	Asset Value (Use Code)	Income Amount (Use Code)
A. Name and address of each bank or financial institution in which you, a family member, including registered domestic partner, had an account over $24,000 any time during the report period.			
B. Name and address of each insurance company where you, a family member, including registered domestic partner, had a policy with a cash or loan value over $24,000 during the period.			
C. Name and address of each company, association, government agency, etc. in which you, a family member, including registered domestic partner, owned or had a financial interest worth over $2,400. Include stocks, bonds, ownership, retirement plan, IRA, notes, stock options, and other intangible property. If you, your spouse, registered domestic partner and/or dependents had decision making authority regarding individual assets/investments list each asset or investment, the value and any income amount. EXAMPLE: If you self-directed an investment account identify each stock or other asset in that account.			

Check here ☐ if continued on attached sheet.

4 CREDITORS

List each creditor you or a family member, including registered domestic partner, owed $2,400 or more any time during the period. Don't include retail charge accounts, credit cards, or mortgages or real estate reported in Item 2.

Creditor's Name and Address	Terms of Payment	Security Given	AMOUNT (USE CODE) Original	Present

Check here ☐ if continued on attached sheet.

5

Filers answer questions A thru D below. If the answer is YES to any of these questions, the F-1 Supplement must also be completed as part of this report. If all answers are NO and you are a candidate for state or local office, an appointee to a vacant elective office, or a state executive officer filing your initial report, no F-1 Supplement is required. Incumbent elected officials and state executive officers filing an annual financial affairs report also must answer question E. An F-1 Supplement is required of these officeholders unless all answers to questions A thru E are NO.

A. At any time during the reporting period were you, your spouse, registered domestic partner or dependents (1) an officer, director, general partner or trustee of any corporation, company, union, association, joint venture or other entity or (2) a partner or member of any limited partnership, limited liability partnership, limited liability company or similar entity including but not limited to a professional limited liability company? ____ If yes, complete Supplement, Part A.

B. Did you, your spouse, registered domestic partner or dependents have an ownership of 10% or more in any company, corporation, partnership, joint venture or other business at any time during the reporting period? ____ If yes, complete Supplement, Part A.

C. Did you, your spouse, registered domestic partner or dependents own a business at any time during the reporting period? ____ If yes, complete Supplement, Part A.

D. Did you, your spouse, registered domestic partner or dependents prepare, promote or oppose state legislation, rules, rates or standards for compensation or deferred compensation (other than pay for a currently-held public office) at any time during the reporting period? ____ If yes, complete Supplement, Part B.

E. **Only for Persons Filing Annual Report.** Regarding the receipt of items not provided or paid for by your governmental agency during the previous calendar year: 1) Did you, your spouse, registered domestic partner or dependents (or any combination thereof) accept a gift of food or beverages costing over $50 per occasion? ____ or 2) Did any source other than your governmental agency provide or pay in whole or in part for you, your spouse, registered domestic partner and/or dependents to travel or to attend a seminar or other training? ____ If yes to either or both questions, complete Supplement, Part C.

ALL FILERS EXCEPT CANDIDATES. Check the appropriate box.

☐ I hold a state elected office, am an executive state officer or professional staff. I have read and am familiar with RCW 42.52.180 regarding the use of public resources in campaigns.

☐ I hold a local elected office. I have read and am familiar with RCW 42.17A.555 regarding the use of public facilities in campaigns.

*__CANDIDATES:__ Do not use public agency addresses or telephone numbers for contact information.

CERTIFICATION: I certify under penalty of perjury that the information in this report is true and correct to the best of my knowledge. I acknowledge that the email address herein shall constitute the official address for communications with the commission, and that I must notify the commission of any change to that address within ten days.

Signature _____ Date _____

Contact Telephone: ( ) *

Email: _____ (Work)

Email: _____ (Home)*

REPORT NOT ACCEPTABLE WITHOUT FILER'S SIGNATURE