

COMMONWEALTH OF KENTUCKY
EXECUTIVE BRANCH ETHICS COMMISSION
#3 Fountain Place
Frankfort, KY 40601
502-564-7954 < 800-664-7954



STATEMENT OF FINANCIAL DISCLOSURE

For Calendar Year 2014

Complete and return by April 15 or within 30 days of termination. (KRS 11A.050(1)(a))

If candidate for constitutional office, return by February 15. (KRS 11A.050(1)(c); KRS 11A.010(13))

Statements of Financial Disclosure Shall be Available
for Public Review

ANSWER EVERY QUESTION

1. Name: Last **BEVIN** First **MATTHEW** Middle or Maiden **G**

2. Home Street Address: **5** **e**

City: **Louisville** State: **KY** Zip: **40206-**

Home Phone: **(502)** Home E-mail address: **vin.com**

3. If you are a candidate for a constitutional office, check appropriate box:

- Agriculture Commissioner
- Attorney General
- Auditor of Public Accounts
- Governor

- Lt. Governor
- Secretary of State
- State Treasurer
- NOT A CANDIDATE

4. Title of Position or office in 2014 that requires filing: **N/A**

Beginning Date:

Do you still occupy this position? Yes No If no, ending date: **N/A**

STATE AGENCY FOR POSITION LISTED ABOVE:

CABINET: _____

Department or Office:

Division:

Work Street Address:

City:

State:

Zip: -

Work Phone: () -
Ext.

Work E-mail address:

If not employed by state agency, current employer: **Self Employed**

Work Address: **531 Barberry Lane**

City: **Louisville** State: **KY** Zip: **40206-**

Title of any other state jobs or positions you held during the reporting year, including state government agency name.

NONE

5. Name and address of any other employers (including self-employment) during reporting year: **NONE**

Employer:

Work Address:

City: State: Zip: -

6. Marital status:

Single

Married

Widowed (if event occurred prior to calendar year 2014 skip to Question 8.)

Divorced (if event occurred prior to calendar year 2014 skip to Question 8.)

If married, please give spouse's full name (including maiden name where applicable):

Last: **BEVIN** First: **GLENNA** Middle: **R**
née YOUNG

7a. Spouse's current employer and employer's address:

NONE

Employer:

Work Address:

City: State: Zip: -

Work Phone: () - Work E-mail address:

7b. Spouse's position: **Mother of 9**

7c. Other employers of Spouse (including self-employment during reporting year).

NONE

8. List the full name of each dependent child of you and/or your spouse:

NONE

Bevin
e E Bevin
I Bevin
. Bevin
M Bevin

... H Bevin
R Bevin
H Bevin
I L Bevin

9. List all positions of a fiduciary nature held by you or your spouse in a business, including the name and address of the business: NONE

Brittiney's Wish Inc, 531 Barberry Lane, Louisville, KY 40206 (501c3 Non-Profit) - President and Board Chair

10. List any other position in a business, partnership or corporation held by you or your spouse including the name and address of the business: NONE

***Integrity Holdings LLC, PO Box 91, Bryant Pond, ME 04219 (Investment Holding Company) - Sole Owner**

***Golden Rule Signs LLC, 401 W. Main Street, Louisville, KY 40202 (LED Sign Company) - Partner**

***Neuronetrix Solutions LLC, 1044 E Chestnut St, Louisville, KY 40204 (Medical device company) - Board Member**

11. Provide the name and address of any business in which you, your spouse, or dependent children owned an interest which has a fair market value of at least ten thousand dollars (\$10,000) or which equals at least five percent (5%) of the business; specify whether you listed the interest because of its fair market value or because it constitutes at least five percent of the business: NONE

***Heart and Soul Candies, 14800 Forest Oaks Drive, Louisville, KY 40245 - Candy Company (>5%)**

***Integrity Holdings LLC, PO Box 91, Bryant Pond, ME 04219 - Investment Holding Company (>5%)**

***LegacyIt, Inc. 9913 Shelbyville Rd Louisville KY 40223 - Web Services/Software (>5%)**

***Golden Rule Signs LLC, 401 W. Main Street, Louisville, KY 40202 - LED Signs (>5%)**

***Munder Capital Management, 480 Pierce St, Birmingham, MI 48009 - Investment Management (>\$10K)**

***Neuronetrix Solutions LLC, 1044 E Chestnut St, Louisville, KY 40204 - Medical Device Company (>5%)**

***Waycross Partners LLC, 401 West Main Street, Suite 2100, Louisville, KY 40202 - Investment Management Company (>5%)**

12. Provide all sources of gross income exceeding \$1,000 from any one source not listed above, (including interest, dividends, investment income) to you, your spouse, or a dependent child, indicating the form of the income and the nature of the business and the name and address of the income source. NONE

Commonwealth Bank and Trust - interest income (Bank HQ is in KY)

Bank of America - interest income (Bank HQ is in NC)

13. Provide the name and address of all sources of retainers received by you or your spouse relating to matters of the state agency for which you work or supervise or of any other entity of state government for which you would serve in a decision-making capacity. NONE

14. Describe any representation or intervention performed by you or your spouse for any person or business for compensation before a state agency for which you work or supervise or before any entity of state government for which you would serve in a decision-making capacity, and include the name and address of that person or business.

NONE

15. Provide the street address or location and description of all real property in which you, your spouse, or a dependent child holds an interest of at least ten thousand dollars (\$10,000):

NONE

Primary Residence - Louisville, KY

Single Family Home, Non-Rental - Bryant Pond, ME

Single Family Residential Rental Property - Louisville, KY

Single Family Residential Rental Property - Woodstock, ME

Single Family Residential Rental Property - Leesville, LA

Single Family Residential Rental Property - East Hampton, CT

Single Family Residential Rental Property - East Hampton, CT

Commercial Property - East Hampton, CT

Commercial/Residential Mixed Use Rental Property - Bethel, ME

Commercial Real Estate Property - Biddeford, ME

Timberland - Hampton, NY

Timberland - Claremont, NH

16. List all sources, including name and address, of gifts of money or property with a retail value of more than two hundred dollars (\$200) from any one source which were given to you, your spouse, or dependent children by any person or entity other than a member of your family. NONE

17. Identify all creditors, including an address, to whom you owe more than ten thousand dollars (\$10,000) except when the debt was incurred for the purchase of consumer goods: NONE

18. Are you aware of any business opportunity, investment opportunity, or other benefit, tangible or intangible, received by you or any member of your family which might reasonably be construed as being offered in return for favorable treatment or any other benefit, tangible or intangible, from state government?

No

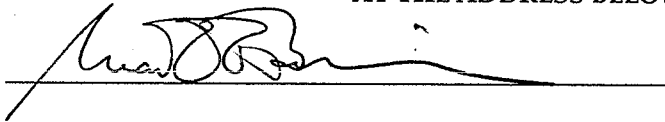
Yes

If yes, attach a description.

I swear or affirm that the information reported
in this Statement of Financial Disclosure
is complete and accurate.

**SIGN IN INK AND SEND TO THE EXECUTIVE BRANCH ETHICS COMMISSION
AT THE ADDRESS BELOW.**

Signature



Date: 2-15-15

Typed or printed name **Matthew G Bevin**

**ANY OFFICER OR PUBLIC SERVANT WHO FAILS TO FILE
A REQUIRED STATEMENT OF FINANCIAL DISCLOSURE
SHALL BE SUBJECT TO SALARY WITHHOLDING.**

When you have answered every question, PRINT the Disclosure, SIGN it, and MAIL it to:

**ATTN: Bill Trigg, Staff Assistant
Executive Branch Ethics Commission
#3 Fountain Place
Frankfort, KY 40601**