UNITED STATES HOUSE OF REPRESENTATIVES FORM B	Page 1 of 6
TEMENT For New Members, Candidates, and New Employees	17 OCT 10 AM IO: 44
Name: JUDD E. MATHENY Daytime Telephone:	OFFICE OF THE GLERK U.S. HOUSE OF REPRESENTATIVES
New Member of or Candidate for State: TN U.S. House of Representatives District; 06 Candidates – Date of Election: 8/2/18 Candidates – Date of Election: 8/2/18	(Office Use Only)
New Officer or Employee Staff Filer Type (If Applicable): Employing Office: Shared Principal Assistant to	A \$200 penalty shall be assessed against any individual who files more than 30 days late.
PRELIMINARY INFORMATION - ANSWER <u>EACH</u> OF THESE QUESTIONS	
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? or b. Receive more than \$200 in unearned income from any reportable asset during the reporting period? Wes No No Period or in the current calendar year up through the date of filing?	orting ate of filing? Yes No No
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? 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?	nent with an Yes No X
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 J. Did you receive compensation of more than \$5,000 from a single source in the current year and two prior years?	from a Yes No
ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES"	
EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER BOTH OF THESE QUESTIONS	STIONS
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?	excluded Yes No X
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.	e tests for Yes No X

SCHEDULE A - ASSETS & "UNEARNED INCOME" Name: JUDD E. MATHENY Page_ 잌

MHU ASE MEN I Use additional sheets if more space is required.	2501/dWASTE	COFFEE COUNTY + HOS	NASTE SERVICES OF	OF DOUTHERN CENTERY	ABC Heage Fund X	Examples: Simon & Schuster	SP, BF Mega Corp Stock EFF	business, the nature of its activities, and its geographic location in Block A. Exclude: Your personal residence, including second homes and vacation homes (unless there was rental income during the reporting period); and any financial interest in, or income derived from, a federal retirement program, including the Thrift Savings Plan. If you have a privately-traded fund that is an Excepted investment Fund, please check the "EIF" box. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC), or jointly held with anyone (JT), in the optional column on the far left. For a detailed discussion of Schedule A requirements, gleese refer to the instruction booklet.	For bank and other cash accounts, total the armount in all interest bearing accounts. If the total is over \$5,000, list every financial institution where there is more than \$1,000 in interest-bearing accounts. For rental and other real property held for investment, provide a complete address or description, e.g., "rental property," and a dity and state. For an ownership interest in a privately-held business that is not outsidly traded, state the name of the	the account that exceeds the reporting thresholds.		Identity (a) each asset held for investment or in production of income and with a fair market value-us exceeding \$1,000 at the end of the reporting period, sprand (b) any other reportable assets or source of income which generated more than \$200 in "unearmed" in income during the year.	Assets and/or Income Sources	BLOCK A
				X	×	Indefinite	×		- X		*Column M is for assets held by your spouse or dependent child in which you have no interest.	indicate value of asset at close of the reporting period. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold during the reporting period and is included only because it generated income, the value should be "None."	Value of Asset	BLOCK B
				X	Partnership Income	Royalties	×	IONE DOWNDENDS RENT NTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST CAX-DEFERRED Other Type of Income (Specify: e.g., Partnership Income or Fa				UCheck all columns that apply. For accounts that generate tax-deferred income (such as 401(k), RA, or 529 accounts), you may check the "Tax-Deferred" column. Dividently, inherest, and capital gains, even if reinvested, must be disclosed as income for assess held in taxable accounts. Check	Type of Income	BLOCK C
					×	X	×	fore 11-\$200 201-\$1,000 11,001-\$2,500 2,501-\$1,000 5,001-\$15,000 15,001-\$5,000 50,001-\$100,000 10,000,001-\$5,000,000 201-\$1,000,001 201-\$1,000 201-\$1,000 201-\$1,000 11,001-\$2,500 201-\$1,500 11,001-\$2,500 201-\$1,000 11,001-\$2,500 201-\$1,000 11,001-\$2,500 20,501-\$15,000 15,001-\$15,000 15,001-\$15,000 10,001-\$1,000,000 10,001-\$1,000,000 10,001-\$1,000,000 10,001-\$5,000,000 10,001-\$5,000,000 10,001-\$5,000,000 10,001-\$5,000,000 10,001-\$5,000,000 10,001-\$5,000,000 10,001-\$5,000,000	× × × × × × × × × × × × × × × × × × ×	Current Year Preceding Year		For assets for which you checked "Tax-Deferred" in Block C, you may check the "None" column. For all other assets indicate the category of income by checking the appropriate box below. Dividents, interest, and capital gains, even if reinvested, must be disclosed as income for assets held in taxable accounts. Check "None" if no income was earned or generated. **Column XII is for assets held by your spouse or dependent child in which you have no interest	Amount of Income	BLOCK D

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SCHEDULE C - EARNED INCOME

Name: JUDDAMATHENY	
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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 2016 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was \$27,495. The 2017 limit is \$27,765. 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
Course (include date of receipt for including)	1 Jac	Current Year to Filing	Preceding Year
ABC Trade Association, Baltimore, MD (July 15)	Honorarium	\$0 \$0	\$500 \$76 non
EXAMPIES: Civil War Roundtable (Oct. 2) Onterio County Board of Education	Spouse Speech Spouse Salary	\$0 N/A	\$1,000 N/A
CFC RECYCLING	SALARI)	18,000	24000
STATE OF TENNESSEE	SALARY	15000	20,000
SOUTHERN CENTRAL WASTE SERVICES	SALAR!	12,000	12,000
So. Tenn. Medicat REG. HEALTH SYSTEM	Spuse SALAN	25,000	36,000
			•

SCHEDULE D - LIABILITIES

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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.

					gp, DC, JT		
		/		Example			
/	/	-	N/A	First Bank of Wilmington, DE	Creditor		
				5/98	Date Liability Incurred MO/YR		
			and the state of t	Mortgage on Rental Property, Dover, DE	Type of Liability		
					\$10,001- \$15,000	>	
					\$15,001~ \$50,000	ъ	
					\$50,001- \$100,000	c	
				×	\$100,001- \$250,000	, 0	
					\$250,001- \$500,000	rts	moun
					\$500,001- \$1,000,000	71	Amount of Liability
					\$1,000,001- \$5,000,000	ø	ability
					\$5,000,001- \$25,000,000	Ι	
					\$25,000,001- \$50,000,000	-	
					Over \$50,000,000	<u> </u>	
					Over \$1,000,000* (Spouse/DC Liability)	*	

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.

OMED KX MYG STATE OF TENNESSEE OFO RECYCLING SOUTHERN CENTRAL WASTE SERVICE 11 " " "	Position	Position Name of Organization
MyG STATE OF TENNESSEE OFC RECYCLING SOUTHERN CENTRAL WASTE SERVICE	EMPLOYEE	
OFC RECYCLING SOUTHERN CENTRAL WASTE SERVICE	EMPLO (IEE	
OFC RECYCLING II II II		70
SOUTHERN CENTRAL WASTE SERVILLE	FM12016E	
n = n	EMPLOYEE	CENTRAL WASTE SERVILLE
	PARTNER Use additional sheets if more space is required.	ocounty in it of county

SCHEDULE F - AGREEMENTS

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Name:	
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employer.
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
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;

Date	Parties to Agreement	Terms of Agreement
8/2017	8/2017 SOUTHERN CENTRAL WASTE SUCS, LLC	20% OWNERSHIP
,	TIM PICE, DAUTO REED), DAUTÓ	
-	CLEVELAND	
1/2015	2015 EMPLOYEE CONTRACT with CFC	# 2000 /mouth SALARY
, (RECYCLEUG, DUC,	
	`	

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
Example	Doe Jones & Smith, Hometown, Homestate	Accounting Services
	2	
	1010	

FILER NOTES (Optional)

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		NOTES