	EORN B	Page 1 of 7
FINANCIAL DISCLOSURE STATEMENT For New Members	For New Members, Candidates, and New Employees	LT, SLATIVE RESOURCE CENTER
Name: トルター トルタン Daytime Telephone:	hone:	2020 JAN -9 PH 1: 22
New Member of or Candidate for State: 15  U.S. House of Representatives District 22  Candidates – Date of Election: MARCH 3 202 0	Check # Amendment	(Office Use Only)
STATUS  New Officer or Employee  Staff Filer Type (If Applicable):  Employing Office: Shared Principal Assistant	Period Covered: January 1, 2119 to December 31, 2019	A \$200 penaity shall be assessed against any individual who files more than 30 days late.
PRELIMINARY INFORMATION - ANSWER EACH OF THESE QUESTIONS	TIONS	
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?	E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing?	ng the reporting ves No ugh the date of filing?
C. Did you or your spouse have "earned" income (e.g., salaries, honoraria, or pension/IRA distributions) of \$200 or more during the Yes No pension/IRA distributions of \$200 or more during the Yes No pension/IRA distributions of \$200 or more during the Yes No pension No.	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?	arrangement with an Yes No X
D. Did you, your spouse, or your dependent child have any reportable Yes  No	J. Did you receive compensation of more than \$5,000 from a single source in the current yeer and two prior years?	n \$5,000 from a Yes No No
ATTACH THE CORRESPONDING SCHEDULE IF YOU THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU ARE	HEDULE IF YOU ANSWER "YES" THAT YOU ARE REQUIRED TO COMPLETE	S" ) COMPLETE
EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER BOTH OF THESE QUESTIONS	- ANSWER <u>BOTH</u> OF THESI	E 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 dependent child?	ther "excepted trusts" need not be disclosed.	Have you excluded Yes 🔲 No 🔀
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.	a spouse or dependent child because they me	et all three tests for Yes 🔲 No 🔀

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## SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name: DANIEL MATHEWS

Page 2 of

Use additional sheets if more space is required.	4416		Fidelity 401x	ABC Hedge Fund X	Examples:	BP. Hillings Corp Stock	For benk and other cash accounts, tode the amount in all interest-bearing accounts. If the total is over \$5,000, list every financial institution where there is snow than \$1,000 in interest-bearing accounts.  For rental and other real property hold for investment, provide a complete address or description, e.g., 'tertal property,' and a city and state.  For an ownership interest in a privately-hold business that is not publicly traded, state the name of the business, the nature of its activities, and its geographic location in Block A.  Exclude: Your personal residence, including second homes and vecation homes (urless there was rental income during the reporting period); and any financial interest in, or increme delived from; a fledes retirement program, including the Thrift Savings Plan.  If you report a privately-traded fund that is an excepted investment Fund, please check the "Elifbox.  If you so choose, you may indicate that an asset or income source is that or your spouse (SP) or dependent ched (DC), or jointly held with anyone (JT), in the optional column on the far left.  For a detailed discussion of Schedule A requirements, please refer to the instruction booklet.	For all IRAs and other retirement plans (such as 401(k) plans) provide the value for each asset held in the account that exceeds the reporting thresholds.	Provide complete names of stocks and mutual funds (do not use only ticker symbols).	Identify (a) each asset held for investment or production of income and with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other reportable asset or source tincome which generated more than \$200 in unearned income during the year.	Assets and/or Income Sources	BLOCK A
×	×	×	×,	×	Indefinite	×	None         >           \$1-\$1,000         □           \$1,001-\$15,000         □           \$15,001-\$50,000         □           \$20,001-\$100,000         □           \$250,001-\$50,000         □           \$250,001-\$1,000,000         □           \$1,000,001-\$5,000,000         □           \$250,000,001-\$50,000,000         □           \$250,000,001-\$50,000,000         □           \$250,000,000         □           \$250,000,000         □           \$250,000,000         □           \$250,000,000         □		*Column M to for excepts held by your spouse or dependen 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
<b>文</b>	*	メ	×	Partnership	Royaltes	×	NONE DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTEO/BLIND TRUST TAX-DEFERRED Other Type of Income (Specify: e.g., Partnership Income or Farm Income)		generated to income during the reporting period.	Check all ociumns that apply. For accounts that generate tax-defensed income (such as 401(b.)). IRA, or 529 accounts), you may check the Tax-Defensed column. Dividends, interest, and capital gains, even if reinvested, must be distalled as income for essets theid in taxable accounts. Check "Nore" if the asset	Type of Income	вгоск с
7	<b>X</b>	×	***	×	×	×	Nome	-	\$	If For assets for which you checked "Tax Deferred" in Block C, you may check the "None" column. For all other the assets indicate the category of income by checking the appropriate box below. Dividents, interest, and category of income the disclassed as income for assets held in taxable accounts. Check "None" if no income was earned or generated.  The "Column XII is for assets held by your spouse or dependent child in which you have no interest.	Amount of Income	BLOCK D

			T				i"				1		-	7 R S				
Property in Museum city	Rothwell Resoules LLC	MDK Capital LLC	TD Amontrade	BD Stock	Property Richmond, in	Ξ_	Property this to 1x	T	Propert Arcola #1	Property Stafford #44	Proper H Stafford #3	Prigger H Stafford #12	Property Stational !!	ASSET NAME				Assets and/or Income Sources
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		<u> </u>		]	İ		]		l	1	l	1			Spouse/DC Income over \$1,000,000*	- 1		

SCHEDULE A - ASSETS & "UNEARNED INCOME"

## SCHEDULE C - EARNED INCOME

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	of 7	

List the source, type, and amount of sarned 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 outside earned income limit and prohibitions on types of income may apply to you after you are on House payroll. The 2018 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was \$28,050. The 2019 limit is \$28,440. In addition, certain types of income (notably honoraria, director's

fees, and payments for professional services involving a flductary relationship) are totally prohibited for Members and senior staff.

		Am	Amount
Source (include date of receipt for honoraria)	Туре	Current Year to Filing	Preceding Year
ABC Trade Association, Bailmore, MD (July 15)	Honorarum	\$0	\$500
Examples: Civil War Roundtable (Oct. 2) Ordano County Board of Education	Spouse Speech Spouse Salary	\$0 N/A	\$1,000 N/A
American Midstream LLC	Salary	135,000	132,000
American Midstreen LLC	Bony	О	15,000
Texas children Hospital	Spowl Salary	55,0° 0	52,000
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		•	

#### SCHEDULE D - LIABILITIES

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, perent, 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.	SCHEDULE D - LIABILITIES
t child. Mark the highest amo ssidence. Exclude: Any mortg hich you own an interest (unles dit card) only if the balance at	MATHEWS
unt owed during the reporting tage on your personal residence is you are personally liable); and the close of the reporting period	Page 5 of 7
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		•				DC. JT		
		Fros	Region	BBT	Example		-	
		Frost Bank, 1x	Regions Bank	T	First Bank of Wilmington, DE	Creditor		
					5/16	Date Liability incurred MO/YR		
	9	Mortgage on Investment	Montrage on Recital	Mortgage on Rosidum	Mortgage on Rental Property, Dover, DE	Type of Liability		
						\$10,001- \$15,000	>	
						\$15,001- \$50,000	60	
			X			\$50,001- \$100,000	c	
		X		×	×	\$100,001- \$250,000	9	
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						\$500,001- \$1,000,000	71	Amount of Liability
						\$1,000,001- \$5,000,000	6	ability
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						Över \$50,000,000	٠.	
					,	Over \$1,000,000* (Speuse/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.

	 		_	-
	1. J / /	Emple wee Integrity Louder	Position	CALLES OF STATE AND LAKE A CAMP LAMP LAMP AND THE STATE OF STATE O
		Third Coast Midstream	Name of Organization	PATER STATES AND THE TRANSPORT OF THE PARTY STATES AND A SECTION OF THE PARTY STATES AND ASSESSED AS A SECTION OF

### SCHEDULE

SCHEDULE F AGREEMENTS	Name: DANIEL	MATHEWS	Page 6 of 7
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	respect to: future employmer	nt; a leave of absence during the period of government service; in an employee welfare or benefit plan maintained by a former	of government service;

continuation o employer.	continuation or deferral of payments by a former or current employer other than the U.S. government; or continuing participation employer.	vernment; or continuing participation in an employee welfare or benefit plan maintained by a former
Date	Parties to Agreement	Terms of Agreement

# 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

FILER NOTES (Optional)

Name: DANIEL NATHEWS P

Page 7 of 7

							NOTE NUMBER
	:						
							NOTES
		5					

#### **CAMPAIGN NOTICE**

#### REGARDING FINANCIAL DISCLOSURE REQUIREMENT

If you have not yet raised (either through contributions or loans from yourself or others) or spent in excess of \$5,000 for your campaign, or if you have withdrawn your candidacy, please indicate your status and sign and date below.

<u> </u>		
	The Honorable Cheryl L. Johnson, Clerk	
	Office of the Clerk, U.S. House of Representative	7es
	Legislative Resource Center	
	B-81 Cannon House Office Building Washington, DC 20515-6601	Д
Indicate Your Status: (Select One)  Over \$5,000 Threshold Not Exceeded	Dear Madam Clerk:	EG 30 2019 EG SI AIVER 2020 JAN - 9 7953600 S. DE RO
		M 17 8
	This is to notify you that I have not yet raised (ex	ither through contributions or items from
	myself or others) or spent in excess of \$5,000 for my campaign for the U.S. Flouse of	
	Representatives.	С сент 1:21
		₹'
	I understand that when I do raise or spend in excess of \$5,000 for my campaign, I must file a	
	Financial Disclosure Statement with the Clerk of the House of Representatives according to	
	the deadlines set out on pages 2 and 3 of the Financial Disclosure Instruction booklet, a	
	copy of which has been provided to me by the C	Clerk.
. 1	This is to notify you that under the laws of the st	este of
Withdrawal of Candidacy	I withdrew my candidacy for the U.S. House of Representatives on	
	1 windrew my candidacy for the 0.5. House of 1	Representatives on
	[Note: If your Financial Disclosure Statement was due before the date on which you	
Į	withdrew from the race, you still must file a Fina	ncial Disclosure Statement with the House.]
	<b>7</b> .	
	Name (Please Print or Type): DANIEL MATHEWS	
	State: 1EXAS  Date: 12/26/2019	District: 22
	Date: 12/26/2019	
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(THIS PAGE WILL BE MADE PUBLICLY AVAILABLE)