

**HAND
DELIVERED**

Page 1 of 13

UNITED STATES HOUSE OF REPRESENTATIVES
2020 FINANCIAL DISCLOSURE STATEMENT

Form A
For Use by Members, Officers, and Employees

LEGISLATIVE RESOURCE CENTER

2021 JUL 28 PM 3:24 (EST)

MK

Name: Hon. Doris O. Matsui

Daytime Telephone: 202-225-7163

U.S. HOUSE OF REPRESENTATIVES
A \$200 penalty shall be assessed against any individual who files more than 30 days late.

FILER STATUS	<input checked="" type="checkbox"/> Member of the U.S. House of Representatives	State: <u>California</u>	Officer or Employee	Employing Office: _____	Staff Filer Type: (If Applicable) <input type="checkbox"/> Shared <input type="checkbox"/> Principal Assistant
REPORT TYPE	<input checked="" type="checkbox"/> 2020 Annual (Due: May 17, 2021)	<input type="checkbox"/>	Amendment	<input type="checkbox"/>	Termination
				Date of Termination:	

PRELIMINARY INFORMATION – ANSWER EACH 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?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>	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?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
B. Did you, your spouse, or your dependent child purchase, sell, or exchange any securities or reportable real estate in a transaction exceeding \$1,000 during the reporting period?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>	G. Did you, your spouse, or your dependent child receive any reportable gift(s) totaling more than \$415 in value from a single source during the reporting period?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
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?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	H. Did you, your spouse, or your dependent child receive any reportable travel or reimbursements for travel totaling more than \$415 in value from a single source during the reporting period?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
D. Did you, your spouse, or your dependent child have any reportable liability (more than \$10,000) at any point during the reporting period?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>	I. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article during the reporting period?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>	ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES"		

IPO AND EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER EACH OF THESE QUESTIONS

IPO – Did you purchase any shares that were allocated as a part of an Initial Public Offering during the reporting period? If you answered "yes" to this question, please contact the Committee on Ethics for further guidance.

TRUSTS – Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "exempted trusts" need not be disclosed. Have you excluded from this report details of such a trust that benefits you, your spouse, or dependent child?

EXEMPTION – Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or your dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.

Yes No

SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name, Tax Dept & Mtnl. Page 2

SP ID #	ASSET NAME	E/F	BLOCK B Value of Asset												BLOCK C Type of Income														
			A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y	Z	
SP ID #	ASSET NAME	E/F																											
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SCHEDULE A - ASSETS & UNEARNED INCOME

SCHEDULE A - ASSETS & "UNEARNED INCOME"

SP. ID.	ASSET NAME	EIP	BLOCK B												BLOCK C Type of Income	BLOCK D Amount of Income	BLOCK E Disposition	
			A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P
SP-1	BBT Asset Management Bond Fund																	
SP-2	BlackRock Total Return Bond Fund																	
SP-3	Alpha United																	
SP-4	Axon Southern Fund I, A, M																	
SP-5	Axon Global Income Options, Ltd.																	
SP-6	Axon Total Bond Market ETF																	
SP-7	FTI Total International Value Fund II, Ltd.																	
SP-8	FTI Total Bond Fund																	
SP-9	Prudential Chelmsford Remunerate Trust																	
SP-10	Prudential Mutual Fund																	
SP-11	U.S. Treasury Note 1.000%, due 03/15/2020																	
SP-12	U.S. Treasury Note 1.000%, due 06/15/2020																	
SP-13	U.S. Treasury Note 3.750%, due 09/15/2020																	
SP-14	U.S. Treasury Note 1.000%, due 12/15/2020																	
SP-15	U.S. Treasury Note 2.000%, due 07/15/2020																	
SP-16	Alpha United Bond Fund																	
SP-17	Alpha United Oil Return Bond Fund																	
SP-18	Alpha United Fund																	
SP-19	Alpha United																	
SP-20	Alpha United Credit Partners Offshore, Ltd.																	
SP-21	Alpha United Total Stock Market ETF																	
SP-22	Alpha Global Income Opportunities, Ltd.																	
SP-23	Alpha Growth Investment Fund																	
SP-24	Alpha Global Fund																	
SP-25	Alpha Global Fund, Ltd.																	
SP-26	Alpha Growth Alpha Fund, Ltd.																	
SP-27	Alpha Axon Offshore																	
SP-28	Bentham Capitalistic Remunerate Unlisted																	
SP-29	Park Fund																	

* Not classified as an EIF, but is subject to a Confidentiality Agreement

Name: Hon. David O. Mahan
Page 4

SCHEDULE B - TRANSACTIONS

Name: Han, Dong G.

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SCHEDULE B - TRANSACTIONS

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SCHEDULE B - TRANSACTIONS

SCHEDULE C – EARNED INCOME

Name:

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.

INCOME LIMITS and PROHIBITED INCOME: The 2020 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was \$28,845. The 2021 limit is \$29,595. In addition, certain types of income (notably honoraria, director's fees, and payments for professional services involving a fiduciary relationship) are totally prohibited.

Source (include date of receipt for honoraria)	Type	Amount
Kane State School of Medicine	Assisted Teaching Fee Instructional Exemption	\$1,000
Civil War Roundtable (Oct. 21)	Speaker's Honorarium	\$1,000
Orlando County Board of Education	Speaker's Honorarium	NA

SCHEDULE D - LIABILITIES

Name: Hon. Dennis O. Mataua

Page 3 of 13

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. **Number:** Members are required to report all liabilities secured by real property including mortgages on their 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.

Creditor Name	Date Liability Insured Mo/Yr	Type of Liability	Amount of Liability						
			A	B	C	D	E	F	G
JT American Express	First Bank of Wilmington, DE 8/20	Mortgage on Rental Property, Down, DE	\$10,001- \$15,000						
SP Chase United	12/2020	Credit Card		\$15,001- \$50,000					
SP Northern Trust	12/2020	Credit Card			\$50,001- \$100,000				
						\$100,001- \$250,000			
							\$250,001- \$500,000		
								\$500,001- \$1,000,000	
									\$1,000,001- \$5,000,000
									\$5,000,001- \$25,000,000
									\$25,000,001- \$50,000,000
									Over \$50,000,000
									Over \$1,000,000* (Spouse/DC Liable)

SCHEDULE E – POSITIONS

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, consultant or 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.

Position	Name of Organization
Regent	Smithsonian, Board of Regents
Advisory Board Member	Smithsonian National Museum of American History
Member of Advisory Council	Smithsonian National Museum of African American History and Culture

SCHEDULE F – AGREEMENTS

Name _____

Page 10 of 13

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 employer.

SCHEDULE G - GIFTS

Report the source (by name), a brief description, and the value of all gifts totaling more than \$415 received by you, your spouse, or your dependent child from any source during the year. Exclude: Gifts from relatives, gifts of personal hospitality from an individual (which may not include a registered lobbyist or foreign agent), local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of \$100 or less need not be added towards the \$415 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 Ethics.

Source	Description	Value
Example:	Mr. Joseph Smith, Arlington, VA	Silver Platter (prior determination of personal friendship received from the Committee on Ethics)

Use additional sheets if more space is required.

SCHEDULE H – TRAVEL PAYMENTS and REIMBURSEMENTS

Name: _____

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totaling more than \$45 received by you, your spouse, or your dependent child 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 child that is totally independent of his or her relationship to the filer.

Source	Date(s)	City of Departure-Destination-City of Return	Lodging? (Y/N)	Food? (Y/N)	Family Member included? (Y/N)
Government of China (MEGA)	Aug. 6-11	Beijing, China-DC	Y	Y	N
Habitat for Humanity (Charity Fundraiser)	Mar. 3-4	DC-Boston-DC	Y	Y	Y

Use additional sheets if more space is required.

SCHEDULE I – PAYMENTS MADE TO CHARITY IN LIEU OF HONORARIA

Name:

Page 12 of 13

List 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 filed directly with the Committee on Ethics.

	Source	Activity	Date	Amount
Example:	Association of American Associations, Washington, DC	Speech	Feb. 2, 2020	\$2,900
	XZY Magazine	Article	Aug. 13, 2020	\$500

Use additional sheets if more space is required

**FILER NOTES
(Optional)**

Name: _____

Page 13 of 13

NOTE NUMBER	NOTES
1	Filer married Roger W. Sant on April 11, 2020.
2	Spouse has interests in six charitable remainder trusts as described in Section 664 of the Internal Revenue Code. The Trusts make distributions to spouse for his lifetime and terminate at his death with the balance passing to charitable organizations. The distributions are a fixed percentage of the Trusts' annually determined value. The trust distributions are reported as income for spouse. The underlying Trust investments are also reported.
3	Confidentiality letters were previously provided to the House Ethics Committee for four investments owned by filer's spouse.

Use additional sheets if more space is required.