

PERSONAL FINANCIAL STATEMENT

FORM PFS
COVER SHEET
PAGE 1

Filed in accordance with chapter 572 of the Government Code.
For filings required in 2023, covering calendar year ending December 31, 2022.
Use FORM PFS--INSTRUCTION GUIDE when completing this form.

PAGE #
24

ACCOUNT #
00062288

1 NAME

TITLE; FIRST; MI

The Honorable Matthew M.

NICKNAME; LAST; SUFFIX

Dade Phelan

OFFICE USE ONLY

Date Received

ELECTRONICALLY FILED

06/30/2023

2 ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP

Post Office Box 848

Nederland, TX 77627

(CHECK IF FILER'S HOME ADDRESS)

Receipt #

HD / PM

Amount

Date Processed

Date Imaged

3 TELEPHONE NUMBER

AREA CODE PHONE NUMBER; EXTENSION

REDACTED PER 572.032(a-1), GOV'T CODE

4 REASON FOR FILING STATEMENT

CANDIDATE (INDICATE OFFICE)

[X] ELECTED OFFICER State Representative District 21 (INDICATE OFFICE)

APPOINTED OFFICER (INDICATE AGENCY)

EXECUTIVE HEAD (INDICATE AGENCY)

FORMER OR RETIRED JUDGE SITTING BY ASSIGNMENT

STATE PARTY CHAIR (INDICATE PARTY)

OTHER (INDICATE POSITION)

5 Family members whose financial activity you are reporting (see instructions).

SPOUSE Kim Phelan

DEPENDENT CHILD

1. REDACTED PER 572.032(a-1), GOV'T CODE

2. REDACTED PER 572.032(a-1), GOV'T CODE

3. REDACTED PER 572.032(a-1), GOV'T CODE

In Parts 1 through 18, you will disclose your financial activity during the preceding calendar year. In Parts 1 through 14, you are required to disclose not only your own financial activity, but also that of your spouse or a dependent child (see instructions).

PERSONAL FINANCIAL STATEMENT

ADDITIONAL DEPENDENT CHILDREN

FORM PFS

COVER SHEET ADDENDUM

5 Family members whose financial activity you are reporting (see instructions).

DEPENDENT CHILDREN (continued from Cover Sheet)

DEPENDENT CHILD	4.	REDACTED PER 572.032(a-1), GOVT CODE	_____
	5.		_____
	6.		_____

SOURCES OF OCCUPATIONAL INCOME

PART 1A

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, and **DO NOT** include this page in the report.

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

1 FILER INFORMATION	FILER NAME Phelan, Matthew M. (The Honorable)	FILER ID 00062288
2 INFORMATION RELATES TO	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____	
3 EMPLOYMENT <input type="checkbox"/> EMPLOYED BY ANOTHER	NAME AND ADDRESS OF EMPLOYER / POSITION HELD <input type="checkbox"/> (Check if Filer's Home Address) EMPLOYER SELF ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 1277 Calder Beaumont, TX 77701 POSITION HELD	
<input checked="" type="checkbox"/> SELF-EMPLOYED	NATURE OF OCCUPATION Real Estate Developer	

INFORMATION RELATES TO	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____	
EMPLOYMENT <input checked="" type="checkbox"/> EMPLOYED BY ANOTHER	NAME AND ADDRESS OF EMPLOYER / POSITION HELD <input type="checkbox"/> (Check if Filer's Home Address) EMPLOYER Phelan & Phelan ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 1277 Calder Beaumont, TX 77701 POSITION HELD Real estate broker	
<input type="checkbox"/> SELF-EMPLOYED	NATURE OF OCCUPATION	

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SOURCES OF OCCUPATIONAL INCOME

PART 1A

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1 FILER INFORMATION	FILER NAME Phelan, Matthew M. (The Honorable) FILER ID 00062288
2 INFORMATION RELATES TO	<input type="checkbox"/> FILER <input checked="" type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD ____
3 EMPLOYMENT <input type="checkbox"/> EMPLOYED BY ANOTHER	NAME AND ADDRESS OF EMPLOYER / POSITION HELD <input type="checkbox"/> (Check if Filer's Home Address) EMPLOYER SELF ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE PO Box 5332 Beaumont, TX 77726 POSITION HELD NATURE OF OCCUPATION Attorney
<input checked="" type="checkbox"/> SELF-EMPLOYED	

INFORMATION RELATES TO	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD ____
EMPLOYMENT <input checked="" type="checkbox"/> EMPLOYED BY ANOTHER	NAME AND ADDRESS OF EMPLOYER / POSITION HELD <input type="checkbox"/> (Check if Filer's Home Address) EMPLOYER Texas House of Representatives ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 105 W. 15th Street Austin, TX 78701 POSITION HELD State Representative NATURE OF OCCUPATION
<input type="checkbox"/> SELF-EMPLOYED	

(Empty area for additional reporting)

STOCK

PART 2

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, and **DO NOT** include this page in the report.

List each business entity in which you, your spouse, or a dependent child held or acquired stock during the calendar year and indicate the category of the number of shares held or acquired. If some or all of the stock was sold, also indicate the category of the amount of the net gain or loss realized from the sale. For more information, see FORM PFS--INSTRUCTION GUIDE.

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

1 FILER INFORMATION	FILER NAME Phelan, Matthew M. (The Honorable) FILER ID 00062288
2 BUSINESS ENTITY	NAME Third Coast Bank, SSB
3 STOCK HELD OR ACQUIRED BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
4 NUMBER OF SHARES	<input type="checkbox"/> LESS THAN 100 <input type="checkbox"/> 100 TO 499 <input type="checkbox"/> 500 TO 999 <input type="checkbox"/> 1,000 TO 4,999 <input type="checkbox"/> LESS THAN 10K <input checked="" type="checkbox"/> 10,000 OR MORE
5 IF SOLD	<input type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS

BUSINESS ENTITY	NAME Third Coast Bank, SSB
STOCK HELD OR ACQUIRED BY	<input type="checkbox"/> FILER <input checked="" type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
NUMBER OF SHARES	<input type="checkbox"/> LESS THAN 100 <input type="checkbox"/> 100 TO 499 <input type="checkbox"/> 500 TO 999 <input type="checkbox"/> 1,000 TO 4,999 <input type="checkbox"/> LESS THAN 10K <input checked="" type="checkbox"/> 10,000 OR MORE
IF SOLD	<input type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS

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INCOME FROM INTEREST, DIVIDENDS, ROYALTIES & RENTS

PART 5

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, and **DO NOT** include this page in the report.

List each source of income you, your spouse, or a dependent child received in excess of \$940 that was derived from interest, dividends, royalties, and rents during the calendar year and indicate the category of the amount of the income. For more information, see FORM PFS--INSTRUCTION GUIDE.

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

1 FILER INFORMATION	FILER NAME Phelan, Matthew M. (The Honorable)	FILER ID 00062288
2 SOURCE OF INCOME <input type="checkbox"/> Publicly held corporation	NAME AND ADDRESS Calder Capital Corp. ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE	
3 RECEIVED BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____	
4 AMOUNT	At least \$47,220 or more	

SOURCE OF INCOME <input type="checkbox"/> Publicly held corporation	NAME AND ADDRESS Oaks Real Estate Venture ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE	
RECEIVED BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____	
AMOUNT	At least \$47,220 or more	

SOURCE OF INCOME <input type="checkbox"/> Publicly held corporation	NAME AND ADDRESS Woodville Ventures, LLC ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE	
RECEIVED BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____	
AMOUNT	At least \$47,220 or more	

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INCOME FROM INTEREST, DIVIDENDS, ROYALTIES & RENTS

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1 FILER INFORMATION	FILER NAME Phelan, Matthew M. (The Honorable)	FILER ID 00062288
2 SOURCE OF INCOME <input type="checkbox"/> Publicly held corporation	NAME AND ADDRESS 3105 Executive, LLC ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE	
3 RECEIVED BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____	
4 AMOUNT	At least \$47,220 or more	

SOURCE OF INCOME <input type="checkbox"/> Publicly held corporation	NAME AND ADDRESS Three P Partners ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE	
RECEIVED BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____	
AMOUNT	At least \$47,220 or more	

SOURCE OF INCOME <input type="checkbox"/> Publicly held corporation	NAME AND ADDRESS Section 264, LLC ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE	
RECEIVED BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____	
AMOUNT	At least \$47,220 or more	

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PERSONAL NOTES AND LEASE AGREEMENTS

PART 6

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, and **DO NOT** include this page in the report.

Identify each guarantor of a loan and each person or financial institution to whom you, your spouse, or a dependent child had a total financial liability of more than \$1,890 in the form of a personal note or notes or lease agreement at any time during the calendar year and indicate the category of the amount of the liability. For more information, see FORM PFS--INSTRUCTION GUIDE.

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

1 FILER INFORMATION	<table> <tr> <td>FILER NAME</td> <td>FILER ID</td> </tr> <tr> <td>Phelan, Matthew M. (The Honorable)</td> <td>00062288</td> </tr> </table>	FILER NAME	FILER ID	Phelan, Matthew M. (The Honorable)	00062288
FILER NAME	FILER ID				
Phelan, Matthew M. (The Honorable)	00062288				
2 PERSON OR INSTITUTION HOLDING NOTE OR LEASE AGREEMENT	United Wholesale Mortgage				
3 LIABILITY OF	<input checked="" type="checkbox"/> FILER <input checked="" type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____				
4 GUARANTOR	NONE				
5 AMOUNT	At least \$47,220 or more				

PERSON OR INSTITUTION HOLDING NOTE OR LEASE AGREEMENT	Neches Federal Credit Union
LIABILITY OF	<input type="checkbox"/> FILER <input checked="" type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
GUARANTOR	NONE
AMOUNT	At least \$47,220 or more

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INTERESTS IN REAL PROPERTY

PART 7A

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, and **DO NOT** include this page in the report.

Describe all beneficial interests in real property held or acquired by you, your spouse, or a dependent child during the calendar year. If the interest was sold, also indicate the category of the amount of the net gain or loss realized from the sale. For an explanation of "beneficial interest" and other specific directions for completing this section, see FORM PFS--INSTRUCTION GUIDE.

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

1 FILER INFORMATION	<table> <tr> <td>FILER NAME</td> <td>FILER ID</td> </tr> <tr> <td>Phelan, Matthew M. (The Honorable)</td> <td>00062288</td> </tr> </table>	FILER NAME	FILER ID	Phelan, Matthew M. (The Honorable)	00062288
FILER NAME	FILER ID				
Phelan, Matthew M. (The Honorable)	00062288				
2 HELD OR ACQUIRED BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____				
3 STREET ADDRESS <input checked="" type="checkbox"/> NOT AVAILABLE <input type="checkbox"/> CHECK IF FILER'S HOME ADDRESS	STREET ADDRESS, INCLUDING CITY, COUNTY, AND STATE				
4 DESCRIPTION <input type="checkbox"/> LOTS <input checked="" type="checkbox"/> ACRES	NUMBER OF LOTS OR ACRES AND NAME OF COUNTY WHERE LOCATED 606.00000 acres Jefferson				
5 NAMES OF PERSONS RETAINING AN INTEREST <input type="checkbox"/> NOT APPLICABLE (SEVERED MINERAL INTEREST)	Phelan, Lan Phelan, Mark				
6 IF SOLD <input type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS					

INTERESTS IN REAL PROPERTY

PART 7A

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1 FILER INFORMATION	<table> <tr> <td>FILER NAME</td> <td>FILER ID</td> </tr> <tr> <td>Phelan, Matthew M. (The Honorable)</td> <td>00062288</td> </tr> </table>	FILER NAME	FILER ID	Phelan, Matthew M. (The Honorable)	00062288
FILER NAME	FILER ID				
Phelan, Matthew M. (The Honorable)	00062288				
2 HELD OR ACQUIRED BY	<input checked="" type="checkbox"/> FILER <input checked="" type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____				
3 STREET ADDRESS <input type="checkbox"/> NOT AVAILABLE <input checked="" type="checkbox"/> CHECK IF FILER'S HOME ADDRESS	STREET ADDRESS, INCLUDING CITY, COUNTY, AND STATE <div style="background-color: black; color: white; padding: 5px; text-align: center;"> REDACTED PER 572.032(a-1), GOV'T CODE </div>				
4 DESCRIPTION <input checked="" type="checkbox"/> LOTS <input type="checkbox"/> ACRES	NUMBER OF LOTS OR ACRES AND NAME OF COUNTY WHERE LOCATED 1.00000 lots Jefferson				
5 NAMES OF PERSONS RETAINING AN INTEREST <input type="checkbox"/> NOT APPLICABLE (SEVERED MINERAL INTEREST)	United Wholesale Mortgage				
6 IF SOLD <input type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS					

INTEREST IN BUSINESS ENTITIES

PART 7B

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, and **DO NOT** include this page in the report.

Describe all beneficial interests in business entities held or acquired by you, your spouse, or a dependent child during the calendar year. If the interest was sold, also indicate the category of the amount of the net gain or loss realized from the sale. For an explanation of "beneficial interest" and other specific directions for completing this section, see FORM PFS--INSTRUCTION GUIDE.

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1 FILER INFORMATION	FILER NAME Phelan, Matthew M. (The Honorable)	FILER ID 00062288
2 HELD OR ACQUIRED BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____	
3 DESCRIPTION	NAME AND ADDRESS <input type="checkbox"/> (Check if Filer's Home Address) Calder Capital Corp. 1277 Calder Ave. Beaumont, TX 77701	
4 IF SOLD	<input type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS	

HELD OR ACQUIRED BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____	
DESCRIPTION	NAME AND ADDRESS <input type="checkbox"/> (Check if Filer's Home Address) Oaks Real Estate Venture 1277 Calder Ave. Beaumont, TX 77701	
IF SOLD	<input type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS	

HELD OR ACQUIRED BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____	
DESCRIPTION	NAME AND ADDRESS <input type="checkbox"/> (Check if Filer's Home Address) Woodville Ventures, LLC 1277 Calder Ave. Beaumont, TX 77701	
IF SOLD	<input type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS	

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INTEREST IN BUSINESS ENTITIES

PART 7B

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1 FILER INFORMATION	FILER NAME Phelan, Matthew M. (The Honorable) FILER ID 00062288
2 HELD OR ACQUIRED BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
3 DESCRIPTION	NAME AND ADDRESS <input type="checkbox"/> (Check if Filer's Home Address) 3105 Executive, LLC 1277 Calder Ave. Beaumont, TX 77701
4 IF SOLD	<input type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS

HELD OR ACQUIRED BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
DESCRIPTION	NAME AND ADDRESS <input type="checkbox"/> (Check if Filer's Home Address) Three P Partners, LLC 1277 Calder Ave. Beaumont, TX 77701
IF SOLD	<input type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS

HELD OR ACQUIRED BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
DESCRIPTION	NAME AND ADDRESS <input type="checkbox"/> (Check if Filer's Home Address) Section 264, LLC 1277 Calder Ave Beaumont, TX 77701
IF SOLD	<input type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS

(This section is currently blank.)

INTEREST IN BUSINESS ENTITIES

PART 7B

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Describe all beneficial interests in business entities held or acquired by you, your spouse, or a dependent child during the calendar year. If the interest was sold, also indicate the category of the amount of the net gain or loss realized from the sale. For an explanation of "beneficial interest" and other specific directions for completing this section, see FORM PFS--INSTRUCTION GUIDE.

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1 FILER INFORMATION	FILER NAME Phelan, Matthew M. (The Honorable) FILER ID 00062288
2 HELD OR ACQUIRED BY	<input type="checkbox"/> FILER <input checked="" type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
3 DESCRIPTION	NAME AND ADDRESS <input type="checkbox"/> (Check if Filer's Home Address) Kim W. Phelan, P.C. - Attorney at Law PO Box 5332 Beaumont, TX 77726
4 IF SOLD	<input type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS

HELD OR ACQUIRED BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
DESCRIPTION	NAME AND ADDRESS <input type="checkbox"/> (Check if Filer's Home Address) Calder Management Company, LLC 1277 Calder Ave. Beaumont, TX 77701
IF SOLD	<input type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS

Empty space for additional entries

TRUST INCOME

PART 9

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, and **DO NOT** include this page in the report.

Identify each source of income received by you, your spouse, or a dependent child as beneficiary of a trust and indicate the category of the amount of income received. Also identify each asset of the trust from which the beneficiary received more than \$940 in income, if the identity of the asset is known. For more information, see FORM PFS--INSTRUCTION GUIDE

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1 FILER INFORMATION	FILER NAME Phelan, Matthew M. (The Honorable) FILER ID 00062288
2 SOURCE	NAME OF TRUST Michael & Janey Phelan Trust
3 BENEFICIARY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
4 INCOME	At least \$47,220 or more
5 ASSETS FROM WHICH OVER \$500 WAS RECEIVED <input type="checkbox"/> UNKNOWN	None

OWNERSHIP OF BUSINESS ASSOCIATIONS

PART 11A

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, and **DO NOT** include this page in the report.

Describe each corporation, firm, partnership, limited partnership, limited liability partnership, professional corporation, professional association, joint venture, or other business association in which you, your spouse, or a dependent child held, acquired, or sold 5 percent or more of the outstanding ownership. For more information, see FORM PFS--INSTRUCTION GUIDE.

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1 FILER INFORMATION	FILER NAME Phelan, Matthew M. (The Honorable) FILER ID 00062288
2 BUSINESS ASSOCIATION	NAME AND ADDRESS <input type="checkbox"/> (Check If Filer's Home Address) Calder Capital Corp. 1277 Calder Ave. Beaumont, TX 77701
3 BUSINESS TYPE	<input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Professional Association <input type="checkbox"/> Firm <input type="checkbox"/> Limited Liability Partnership <input type="checkbox"/> Joint Venture <input type="checkbox"/> Partnership <input type="checkbox"/> Professional Corporation <input type="checkbox"/> Other _____
4 HELD, ACQUIRED, OR SOLD BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____

BUSINESS ASSOCIATION	NAME AND ADDRESS <input type="checkbox"/> (Check If Filer's Home Address) Three P Partners, LLC 1277 Calder Ave. Beaumont, TX 77701
BUSINESS TYPE	<input type="checkbox"/> Corporation <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Professional Association <input type="checkbox"/> Firm <input type="checkbox"/> Limited Liability Partnership <input type="checkbox"/> Joint Venture <input type="checkbox"/> Partnership <input type="checkbox"/> Professional Corporation <input checked="" type="checkbox"/> Other _____
HELD, ACQUIRED, OR SOLD BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____

BUSINESS ASSOCIATION	NAME AND ADDRESS <input type="checkbox"/> (Check If Filer's Home Address) Woodville Ventures, LLC 1277 Calder Ave. Beaumont, TX 77701
BUSINESS TYPE	<input type="checkbox"/> Corporation <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Professional Association <input type="checkbox"/> Firm <input type="checkbox"/> Limited Liability Partnership <input type="checkbox"/> Joint Venture <input type="checkbox"/> Partnership <input type="checkbox"/> Professional Corporation <input checked="" type="checkbox"/> Other _____
HELD, ACQUIRED, OR SOLD BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____

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1 FILER INFORMATION	FILER NAME Phelan, Matthew M. (The Honorable) FILER ID 00062288
2 BUSINESS ASSOCIATION	NAME AND ADDRESS <input type="checkbox"/> (Check If Filer's Home Address) 3105 Executive, LLC 1277 Calder Ave. Beaumont, TX 77701
3 BUSINESS TYPE	<input type="checkbox"/> Corporation <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Professional Association <input type="checkbox"/> Firm <input type="checkbox"/> Limited Liability Partnership <input type="checkbox"/> Joint Venture <input type="checkbox"/> Partnership <input type="checkbox"/> Professional Corporation <input checked="" type="checkbox"/> Other _____
4 HELD, ACQUIRED, OR SOLD BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____

BUSINESS ASSOCIATION	NAME AND ADDRESS <input type="checkbox"/> (Check If Filer's Home Address) Oaks Real Estate Venture 1277 Calder Ave. Beaumont, TX 77701
BUSINESS TYPE	<input type="checkbox"/> Corporation <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Professional Association <input type="checkbox"/> Firm <input type="checkbox"/> Limited Liability Partnership <input type="checkbox"/> Joint Venture <input checked="" type="checkbox"/> Partnership <input type="checkbox"/> Professional Corporation <input type="checkbox"/> Other _____
HELD, ACQUIRED, OR SOLD BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____

BUSINESS ASSOCIATION	NAME AND ADDRESS <input type="checkbox"/> (Check If Filer's Home Address) Section 264, LLC 1277 Calder Ave. Beaumont, TX 77701
BUSINESS TYPE	<input type="checkbox"/> Corporation <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Professional Association <input type="checkbox"/> Firm <input type="checkbox"/> Limited Liability Partnership <input type="checkbox"/> Joint Venture <input type="checkbox"/> Partnership <input type="checkbox"/> Professional Corporation <input checked="" type="checkbox"/> Other _____
HELD, ACQUIRED, OR SOLD BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____

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OWNERSHIP OF BUSINESS ASSOCIATIONS

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1 FILER INFORMATION	FILER NAME Phelan, Matthew M. (The Honorable) FILER ID 00062288									
2 BUSINESS ASSOCIATION	NAME AND ADDRESS <input type="checkbox"/> (Check If Filer's Home Address) Kim W. Phelan, P.C. - Attorney at Law PO Box 5332 Beaumont, TX 77726									
3 BUSINESS TYPE	<table border="0"> <tr> <td><input type="checkbox"/> Corporation</td> <td><input type="checkbox"/> Limited Partnership</td> <td><input type="checkbox"/> Professional Association</td> </tr> <tr> <td><input type="checkbox"/> Firm</td> <td><input type="checkbox"/> Limited Liability Partnership</td> <td><input type="checkbox"/> Joint Venture</td> </tr> <tr> <td><input type="checkbox"/> Partnership</td> <td><input checked="" type="checkbox"/> Professional Corporation</td> <td><input type="checkbox"/> Other _____</td> </tr> </table>	<input type="checkbox"/> Corporation	<input type="checkbox"/> Limited Partnership	<input type="checkbox"/> Professional Association	<input type="checkbox"/> Firm	<input type="checkbox"/> Limited Liability Partnership	<input type="checkbox"/> Joint Venture	<input type="checkbox"/> Partnership	<input checked="" type="checkbox"/> Professional Corporation	<input type="checkbox"/> Other _____
<input type="checkbox"/> Corporation	<input type="checkbox"/> Limited Partnership	<input type="checkbox"/> Professional Association								
<input type="checkbox"/> Firm	<input type="checkbox"/> Limited Liability Partnership	<input type="checkbox"/> Joint Venture								
<input type="checkbox"/> Partnership	<input checked="" type="checkbox"/> Professional Corporation	<input type="checkbox"/> Other _____								
4 HELD, ACQUIRED, OR SOLD BY	<input type="checkbox"/> FILER <input checked="" type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____									

BUSINESS ASSOCIATION	NAME AND ADDRESS <input type="checkbox"/> (Check If Filer's Home Address) Calder Management Company, LLC 1277 Calder Ave. Beaumont, TX 77701									
BUSINESS TYPE	<table border="0"> <tr> <td><input type="checkbox"/> Corporation</td> <td><input type="checkbox"/> Limited Partnership</td> <td><input type="checkbox"/> Professional Association</td> </tr> <tr> <td><input type="checkbox"/> Firm</td> <td><input type="checkbox"/> Limited Liability Partnership</td> <td><input type="checkbox"/> Joint Venture</td> </tr> <tr> <td><input type="checkbox"/> Partnership</td> <td><input type="checkbox"/> Professional Corporation</td> <td><input checked="" type="checkbox"/> Other _____</td> </tr> </table>	<input type="checkbox"/> Corporation	<input type="checkbox"/> Limited Partnership	<input type="checkbox"/> Professional Association	<input type="checkbox"/> Firm	<input type="checkbox"/> Limited Liability Partnership	<input type="checkbox"/> Joint Venture	<input type="checkbox"/> Partnership	<input type="checkbox"/> Professional Corporation	<input checked="" type="checkbox"/> Other _____
<input type="checkbox"/> Corporation	<input type="checkbox"/> Limited Partnership	<input type="checkbox"/> Professional Association								
<input type="checkbox"/> Firm	<input type="checkbox"/> Limited Liability Partnership	<input type="checkbox"/> Joint Venture								
<input type="checkbox"/> Partnership	<input type="checkbox"/> Professional Corporation	<input checked="" type="checkbox"/> Other _____								
HELD, ACQUIRED, OR SOLD BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____									

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ASSETS OF BUSINESS ASSOCIATIONS

PART 11B

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, and **DO NOT** include this page in the report.

Describe all assets of each corporation, firm, partnership, limited partnership, limited liability partnership, professional corporation, professional association, joint venture, or other business association in which you, your spouse, or a dependent child held, acquired, or sold 50 percent or more of the outstanding ownership and indicate the category of the amount of the assets. For more information, see FORM PFS--INSTRUCTION GUIDE.

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

1 FILER INFORMATION	FILER NAME Phelan, Matthew M. (The Honorable) FILER ID 00062288														
2 BUSINESS ASSOCIATION	NAME AND ADDRESS <input type="checkbox"/> (Check If Filer's Home Address) Calder Capital Corp. 1277 Calder Ave. Beaumont, TX 77701														
3 BUSINESS TYPE	Corporation														
4 HELD, ACQUIRED, OR SOLD BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____														
5 ASSETS	<table border="1"> <thead> <tr> <th data-bbox="435 852 982 892">DESCRIPTION</th> <th data-bbox="982 852 1531 892">CATEGORY</th> </tr> </thead> <tbody> <tr> <td data-bbox="435 892 982 1003">Cash</td> <td data-bbox="982 892 1531 1003">At least \$47,220 or more</td> </tr> <tr> <td data-bbox="435 1003 982 1115">Real estate</td> <td data-bbox="982 1003 1531 1115">At least \$47,220 or more</td> </tr> <tr> <td data-bbox="435 1115 982 1226"> </td> <td data-bbox="982 1115 1531 1226"> </td> </tr> <tr> <td data-bbox="435 1226 982 1337"> </td> <td data-bbox="982 1226 1531 1337"> </td> </tr> <tr> <td data-bbox="435 1337 982 1449"> </td> <td data-bbox="982 1337 1531 1449"> </td> </tr> <tr> <td data-bbox="435 1449 982 1491"> </td> <td data-bbox="982 1449 1531 1491"> </td> </tr> </tbody> </table>	DESCRIPTION	CATEGORY	Cash	At least \$47,220 or more	Real estate	At least \$47,220 or more								
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ASSETS OF BUSINESS ASSOCIATIONS

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1 FILER INFORMATION	FILER NAME Phelan, Matthew M. (The Honorable)	FILER ID 00062288
2 BUSINESS ASSOCIATION	NAME AND ADDRESS <input type="checkbox"/> (Check If Filer's Home Address) Kim W. Phelan, P.C. - Attorney at Law PO Box 5332 Beaumont, TX 77726	
3 BUSINESS TYPE	Professional Corporation	
4 HELD, ACQUIRED, OR SOLD BY	<input type="checkbox"/> FILER <input checked="" type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____	
5 ASSETS	DESCRIPTION	CATEGORY
	Cash	At least \$9,440 but less than \$18,890

BOARDS AND EXECUTIVE POSITIONS

PART 12

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, and **DO NOT** include this page in the report.

List all boards of directors of which you, your spouse, or a dependent child are a member and all executive positions you, your spouse, or a dependent child hold in corporations, firms, partnerships, limited partnerships, limited liability partnerships, professional corporations, professional associations, joint ventures, other business associations, or proprietorships, stating the name of the organization and the position held. For more information, see FORM PFS--INSTRUCTION GUIDE.

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

1 FILER INFORMATION	FILER NAME Phelan, Matthew M. (The Honorable)	FILER ID 00062288
2 ORGANIZATION	Calder Capital Corp.	
3 POSITION HELD	President & Director	
4 POSITION HELD BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____	

ORGANIZATION	Woodville Ventures, LLC	
POSITION HELD	Manager	
POSITION HELD BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____	

ORGANIZATION	3105 Executive, LLC	
POSITION HELD	Director	
POSITION HELD BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____	

ORGANIZATION	Three P Partners, LLC	
POSITION HELD	Member	
POSITION HELD BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____	

ORGANIZATION	Mental Health America of Southeast Texas	
POSITION HELD	President	
POSITION HELD BY	<input type="checkbox"/> FILER <input checked="" type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____	

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BOARDS AND EXECUTIVE POSITIONS

PART 12

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1 FILER INFORMATION	FILER NAME Phelan, Matthew M. (The Honorable)	FILER ID 00062288
2 ORGANIZATION	Kim W. Phelan, P.C. - Attorney at Law	
3 POSITION HELD	Director	
4 POSITION HELD BY	<input type="checkbox"/> FILER <input checked="" type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____	

ORGANIZATION	Section 264, LLC	
POSITION HELD	Manager	
POSITION HELD BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____	

ORGANIZATION	Calder Management Co LLC	
POSITION HELD	Manager	
POSITION HELD BY	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____	

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EXPENSES ACCEPTED UNDER HONORARIUM EXCEPTION

PART 13

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, and **DO NOT** include this page in the report.

Identify any person who provided you with necessary transportation, meals, or lodging, as permitted under section 36.07(b) of the Penal Code, in connection with a conference or similar event in which you rendered services, such as addressing an audience or participating in a seminar, that were more than perfunctory. Also provide the amount of the expenditures on transportation, meals, or lodging. You are not required to include items you have already reported as political contributions on a campaign finance report, or expenditures required to be reported by a lobbyist under the lobby law (chapter 305 of the Government Code). For more information, see FORM PFS--INSTRUCTION GUIDE.

1 FILER INFORMATION	FILER NAME Phelan, Matthew M. (The Honorable)	FILER ID 00062288
2 PROVIDER	NAME AND ADDRESS Republican State Leadership Committee 1201 F St NW Ste 675 Washington, DC 20004	
3 AMOUNT	\$1,441.70	

PERSONAL FINANCIAL STATEMENT

PARTS MARKED "NOT APPLICABLE" BY FILER

FORM PFS
COVER SHEET
PAGE 2

On this page, indicate any Parts of Form PFS that are not applicable to you. If you do not place a check in a box, then pages for that Part must be included in the report. ***If you place a check in a box, do NOT include pages for that Part in the report.***

6 PARTS NOT APPLICABLE TO FILER

- N/A Part 1A - Sources of Occupational Income
- N/A Part 1B - Retainers
- N/A Part 2 - Stock
- N/A Part 3 - Bonds, Notes & Other Commercial Paper
- N/A Part 4 - Mutual Funds
- N/A Part 5 - Income from Interest, Dividends, Royalties & Rents
- N/A Part 6 - Personal Notes and Lease Agreements
- N/A Part 7A - Interests in Real Property
- N/A Part 7B - Interests in Business Entities
- N/A Part 8 - Gifts
- N/A Part 9 - Trust Income
- N/A Part 10A - Blind Trusts
- N/A Part 10B - Trustee Statement
- N/A Part 11A - Business Associations
- N/A Part 11B - Assets of Business Associations
- N/A Part 11C - Liabilities of Business Associations
- N/A Part 12 - Boards and Executive Positions
- N/A Part 13 - Expenses Accepted Under Honorarium Exception
- N/A Part 14 - Interest in Business in Common with Lobbyist
- N/A Part 15 - Fees Received for Services Rendered to a Lobbyist or Lobbyist's Employer
- N/A Part 16 - Representation by Legislator Before State Agency
- N/A Part 17 - Benefits Derived from Functions Honoring Public Servant
- N/A Part 18 - Legislative Continuances
- N/A Part 19 - Contracts with Governmental Entity
- N/A Part 20 - Bond Counsel Services Provided by a Legislator

PERSONAL FINANCIAL STATEMENT AFFIDAVIT

The law requires the personal financial statement to be verified. Without proper verification, the statement is not considered filed.

The verification page on a personal statement filed electronically with the Texas Ethics Commission must have the electronic signature of the individual required to file the personal financial statement.

The verification page on a personal financial statement filed with an authority other than the Texas Ethics Commission must have the signature of the individual required to file the personal financial statement as well as the signature and stamp or seal of office of a notary public or other person authorized by law to administer oaths and affirmations.

I swear, or affirm, under penalty of perjury, that this financial statement covers calendar year ending December 31, 2022, and is true and correct and includes all information required to be reported by me under chapter 572 of the Government Code.

The Honorable Matthew M. Phelan

Signature of Filer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath