

JN/ABS:CMM/MGD  
F. #2018R02072

FILED  
IN CLERK'S OFFICE  
U.S. DISTRICT COURT E.D.N.Y.

★ DEC 12 2019 ★

UNITED STATES DISTRICT COURT  
EASTERN DISTRICT OF NEW YORK  
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LONG ISLAND OFFICE

UNITED STATES OF AMERICA

SUPERSEDING  
INDICTMENT

- against -

MATHEW JAMES,

Defendant.

Cr. No. 19-CR-382 (S-1) (JS)  
(T. 18, U.S.C., §§ 982(a)(1), 982(a)(7),  
982(b)(1), 1028A(a)(1), 1028A(b),  
1028A(c)(5), 1343, 1347, 1349,  
1956(h), 2 and 3551 et seq.; T. 21,  
U.S.C., § 853(p))

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THE GRAND JURY CHARGES:

INTRODUCTION

At all times relevant to this Superseding Indictment, unless otherwise indicated:

I. Background

A. The Insurance Companies

1. Between January 2013 and December 2019, UnitedHealth Group d/b/a UnitedHealth Care and Optum, Inc., HealthFirst, Inc., Anthem Insurance Companies, Aetna Inc., Cigna Healthcare and EmblemHealth (each individually, an "Insurance Company," and collectively, the "Insurance Companies") were nationwide private health insurance programs under which medical benefits, items and services were provided to individual beneficiaries. As such, the Insurance Companies constituted "health care benefit programs," as defined by Title 18, United States Code, Section 24(b).

2. In order to receive payment for a service covered by an Insurance Company, health care providers were required to submit claims for payment electronically or in writing. The claim process varied by Insurance Company, but generally required the health care provider to identify, among other information, the medical provider, the patient and the services rendered. In submitting a claim to an Insurance Company for these and other procedures, a health care provider certified, among other things, that the services were actually provided to the beneficiary and that the services were medically necessary.

3. Each claim identified the service or services rendered using billing codes, also known as current procedural terminology codes (“CPT Codes”), which specifically identified the medical service or services provided to the beneficiary. The amount an Insurance Company paid a health care professional on a claim was normally determined by certain rates and benefits set forth in the relevant health plan.

B. The Defendant and Related Entities

4. The defendant MATHEW JAMES was a third-party medical biller who was engaged to provide billing services for physicians across the United States. JAMES’s physician customers were primarily plastic or orthopedic surgeons who were out-of-network<sup>1</sup> for the Insurance Companies. JAMES was the owner and operator of medical billing companies Leale Billing Corp., Leale Inc., Remm Consultants, Inc. and Elite Industrial Ltd. JAMES maintained his medical billing office at 24 Forsythe Drive, East Northport, New York 11731.

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<sup>1</sup> An out-of-network physician was a physician who did not have a contract with an Insurance Company setting forth the amount of money the physician would be paid for rendering care to an Insurance Company member.

5. As a third-party biller, the defendant MATHEW JAMES submitted claims to the Insurance Companies on behalf of his physician customers and, when necessary, requested reconsideration and pursued appeals of denied claims. JAMES typically earned a commission-based payment, in the form of a percentage of the amount paid by the Insurance Companies, on the claims that he submitted on behalf of his physician customers.

6. The defendant MATHEW JAMES also owned and operated business entities that he used to, among other things, purchase real property, including, but not limited to, Annberry Realty of Suffolk, Inc. and Stoddart CT Realty Ltd.

7. The defendant MATHEW JAMES maintained personal bank accounts and bank accounts for his medical billing and real estate companies (collectively, the “James Bank Accounts”). JAMES was the sole signatory on the James Bank Accounts, with the exception of one account, which listed JAMES and his wife as signatories.

## II. The Healthcare and Wire Fraud Schemes

### A. The Scheme to Defraud the Insurance Companies

8. From approximately January 2013 to December 2019, the defendant MATHEW JAMES, together with others, devised and executed a scheme and artifice to defraud the Insurance Companies. During the course of the scheme, JAMES submitted and caused to be submitted fraudulent claims to the Insurance Companies that falsely reflected the medical services provided to the beneficiaries. As part of the scheme, JAMES, together with others, sent or caused to be sent email communications, while located within the Eastern District of New York, related to the false and fraudulent claims submitted to the Insurance

Companies on behalf of his physician customers. JAMES also made phone calls to the Insurance Companies under false pretenses in order to collect payment on behalf of his customers.

9. In particular, the defendant MATHEW JAMES commonly used false and fraudulent CPT codes to bill for medical procedures that were not actually performed by the physicians or to indicate that procedures performed were more serious, complicated or emergent than they in fact were. Claims submitted using false and fraudulent CPT codes, if paid, normally resulted in a larger payment to the physicians, and, therefore, to JAMES by way of his commission-based payment, than if the claims had been billed using the correct CPT codes.

10. Among other false and fraudulent CPT codes, the defendant MATHEW JAMES regularly caused to be submitted claims for complex wound cleansing and closure procedures (such as the removal of debris or dead tissue) when the actual procedure that had been performed was a comparatively minor wound closure (such as the placement of stitches). The Insurance Companies generally paid far more for a complex wound repair than they did for a simple wound closure and minor lacerations. JAMES also routinely used fraudulent CPT codes for emergency room (“ER”) services, when the services provided were not emergent. The Insurance Companies, likewise, paid far more for emergency room services than they did for non-emergent services.

11. For example, in or about April 2018, Patient A, an individual whose identity is known to the Grand Jury, cut his/her thumb and needed stitches. Patient A was treated in an emergency room, where he/she received approximately six stitches from Co-Conspirator #1, an individual whose identity is known to the Grand Jury.

Co-Conspirator #1 did not remove any foreign body from Patient A's wound. In furtherance of the fraudulent scheme, the defendant MATHEW JAMES submitted, or caused to be submitted, a claim to Insurance Company A, an entity the identity of which is known to the Grand Jury, related to Patient A's April 2018 treatment that included billing codes for removal of a foreign body, exploration of a wound and complex closure of the wound. JAMES's use of the above-referenced billing codes in Patient A's insurance claim was fraudulent because (i) Co-Conspirator #1 did not remove any foreign body from Patient A's wound, and (ii) the billing code JAMES used for the exploration of the wound was for services not rendered.

12. In another example, in or about September 2017, Patient B, an individual whose identity is known to the Grand Jury, underwent elective surgery for treatment of a rare skin disease. Patient B was instructed by Co-Conspirator #2, an individual whose identity is known to the Grand Jury, to check into the hospital for the elective surgery through the emergency room, despite his/her condition not being an emergency. In furtherance of the fraudulent scheme, the defendant MATHEW JAMES submitted, or caused to be submitted, a claim to Insurance Company B, an entity the identity of which is known to the Grand Jury, related to Patient B's September 2017 treatment that included a billing code for emergency room services. JAMES's use of the billing code for emergency room services was fraudulent because (i) the intake doctor at the emergency room was the proper biller for the CPT code associated with an emergency room visit, not Co-Conspirator #2, and (ii) there was no emergency treatment provided to Patient B.

13. Additionally, in or about November 2015, Patient C, an individual whose identity is known to the Grand Jury, underwent elective surgery for an

abdominoplasty, commonly referred to as a “tummy tuck.” Patient C was instructed by Co-Conspirator #3, an individual whose identity is known to the Grand Jury, to check into the hospital for the elective surgery through the emergency room, despite it not being an emergency. In furtherance of the fraudulent scheme, the defendant MATHEW JAMES submitted, or caused to be submitted, a claim to Insurance Company B, related to Patient C’s November 2015 treatment, that included billing codes for emergency room services and a hernia operation. JAMES’s use of the above-referenced billing codes for Patient C was fraudulent because (i) the intake doctor at the emergency room was the proper biller for the CPT code associated with an emergency room visit, not Co-Conspirator #3, (ii) there was no emergency treatment provided to Patient C, and (iii) Patient C had an abdominoplasty, not a procedure requiring an emergency room visit.

**B. The Defendant’s Fraudulent Conduct During the Claims Appeal Process**

14. When claims were denied by the Insurance Companies, the defendant MATHEW JAMES engaged in various deceptive tactics to induce the Insurance Companies to reconsider and pay the claims, including, but not limited to, by impersonating patients and patients’ relatives, without those individuals’ authorization, and asserting that the patients were at risk of being referred to a collection agency for failure to pay their medical bills.

15. The defendant MATHEW JAMES commonly called the Insurance Companies, most or all of which were located outside of New York, using Voice Over Internet Protocol (“VoIP”) telephone numbers. VoIP calls were made over the Internet, and enabled the caller to mask his or her geographic location and appear to be calling from a different city or state. An electronic device such as a computer or cellular telephone was required to make a call using VoIP technology.

16. In or about and between July 2015 and June 2019, the defendant MATHEW JAMES placed over 230 telephone calls to the Insurance Companies in furtherance of the scheme, most of which were made using VoIP technology to mask or falsify JAMES's geographic location. For example, on or about July 25, 2018, at approximately 4:01 p.m., JAMES used VoIP technology to place a telephone call to a call center located outside of the United States maintained by Insurance Company C, an entity the identity of which is known to the Grand Jury, for the purpose of fraudulently inducing Insurance Company C to pay a denied claim.

C. Aggravated Identity Theft

17. In the course of carrying out his medical billing activities, the defendant MATHEW JAMES acquired personal identifying information ("PII") for individual patients, including names, medical insurance identification numbers and social security numbers, as well as confidential health information protected by the Health Insurance Portability and Accountability Act of 1996 ("HIPAA").

18. One means by which the defendant MATHEW JAMES regularly carried out his fraudulent scheme was by using the patients' PII and HIPAA-protected information to impersonate them or their relatives. On calls to the Insurance Companies, JAMES asserted that the patient or relative he was impersonating was being billed by the doctor for the balance of the fees that the relevant Insurance Company had not paid. JAMES would then insist that the relevant Insurance Company protect the person being impersonated by paying the amount being demanded by the physician so that the impersonated patient's or relative's bill would not be referred to a collection agency.

19. For example, on or about May 24, 2018, the defendant MATHEW JAMES used VoIP technology to place a telephone call to Insurance Company A, in which he impersonated Patient A's husband, an individual whose identity is known to the Grand Jury, for the purpose of fraudulently inducing Insurance Company A to pay the fraudulent claim submitted for Patient A. After the May 24, 2018 VoIP call, Insurance Company A paid the claim.

20. In another example, a claim for wound cleaning related to Patient D, a minor whose identity is known to the Grand Jury, was not paid by Insurance Company A, to which the defendant MATHEW JAMES had submitted the claim. However, after a VoIP call on or about April 3, 2018 by JAMES to Insurance Company A, in which he impersonated Patient D's father, an individual whose identity is known to the Grand Jury, by using Patient D's name and Patient D's father's name to identify himself, the Insurance Company paid the claim for wound cleaning.

21. In another example, on or about July 25, 2018, the defendant MATHEW JAMES used VoIP technology to place a telephone call to Insurance Company C, in which he impersonated Patient E, an individual whose identity is known to the Grand Jury, for the purpose of fraudulently inducing Insurance Company C to pay the fraudulent claim submitted for Patient E.

### III. The Money Laundering Scheme

22. The defendant MATHEW JAMES, together with others, used various bank accounts in furtherance of the fraudulent scheme, including, but not limited to, the James Bank Accounts. In the earlier period of the scheme, JAMES maintained over 15 personal and business accounts at another bank (the "Prior James Bank Accounts"), many of

which were used to receive checks from JAMES's physician clients, who were paid as a result of the fraudulently submitted claims. Most of the Prior James Bank Accounts were closed, and the proceeds were transferred to newly opened accounts at the James Bank Accounts.

23. Money received by the defendant MATHEW JAMES as a result of the fraudulent claims JAMES submitted, or caused to be submitted, to the Insurance Companies was regularly deposited into the James Bank Accounts.

24. The defendant MATHEW JAMES used various methods to conceal and disguise the nature, location, source, ownership and control of the proceeds of the fraudulent scheme, including by creating numerous business entities, opening numerous bank accounts in the various entities' names and transferring proceeds between several bank accounts.

25. The defendant MATHEW JAMES also used the money he received as a result of the fraudulent scheme to purchase and maintain several properties, including, but not limited to, the real property and premises located at: (i) Lots 47 and 48, High Point Court, Brookville, New York 11545; (ii) 9 Stoddart Court, Locust Valley, New York 11560; (iii) 22 Overbrook Lane, Upper Brookville, New York 11771; (iv) 14 Sexton Road, Syosset, New York 11794; (v) 11 Sandpiper Court, Old Westbury, New York 11568; (vi) 8 Richard Path, St. James, New York 11780; and (vii) 150 Hicksville Avenue, Bethpage, New York 11714.

#### COUNT ONE

(Conspiracy to Commit Health Care Fraud)

26. The allegations contained in paragraphs one through 25 are realleged and incorporated as if fully set forth in this paragraph.

27. In or about and between January 2013 and December 2019, both dates being approximate and inclusive, within the Eastern District of New York and elsewhere, the defendant MATHEW JAMES, together with others, did knowingly and willfully conspire to execute a scheme and artifice to defraud one or more of the Insurance Companies, which were health care benefit programs as defined in Title 18, United States Code, Section 24(b), and to obtain by means of one or more materially false and fraudulent pretenses, representations and promises, money and property owned by, and under the custody and control of, the Insurance Companies, in connection with the delivery of and payment for health care benefits, items and services, contrary to Title 18, United States Code, Section 1347.

(Title 18, United States Code, Sections 1349 and 3551 et seq.)

COUNT TWO  
(Health Care Fraud)

28. The allegations contained in paragraphs one through 25 are realleged and incorporated as if fully set forth in this paragraph.

29. In or about and between January 2013 and December 2019, both dates being approximate and inclusive, within the Eastern District of New York and elsewhere, the defendant MATHEW JAMES, together with others, did knowingly and willfully execute and attempt to execute a scheme and artifice (a) to defraud a health care benefit program, as defined in Title 18, United States Code, Section 24(b), to wit: one or more of the Insurance Companies, and (b) to obtain, by means of materially false and fraudulent pretenses, representations and promises, money and property owned by, and under the custody and

control of, the Insurance Companies, in connection with the delivery of and payment for health care benefits, items and services.

(Title 18, United States Code, Sections 1347, 2 and 3551 et seq.)

**COUNTS THREE THROUGH FIVE**  
(Wire Fraud)

30. The allegations contained in paragraphs one through 25 are realleged and incorporated as if fully set forth in this paragraph.

31. On or about the dates set forth below, within the Eastern District of New York and elsewhere, the defendant MATHEW JAMES, together with others, did knowingly and intentionally devise a scheme and artifice to defraud one or more of the Insurance Companies, and to obtain money and property from them by means of one or more materially false and fraudulent pretenses, representations and promises, and for the purpose of executing such scheme and artifice, did transmit and cause to be transmitted, by means of wire communication in interstate and foreign commerce, writings, signs, signals, pictures and sounds as described below:

<b>COUNT</b>	<b>APPROXIMATE DATE OF WIRE TRANSMISSION</b>	<b>DESCRIPTION OF WIRE TRANSMISSION</b>
THREE	January 16, 2018	An email from Co-Conspirator #2 in California to JAMES in New York, asking JAMES to “fix” Insurance Company B’s denial of the billing claim related to Patient B’s September 2017 surgery.
FOUR	April 10, 2018	An email from Co-Conspirator #1 in California to JAMES in New York, attaching medical records related to Patient A for JAMES to bill Insurance Company A.

FIVE	June 13, 2018	An email from office staff for Co-Conspirator #4, an individual whose identity is known to the Grand Jury, to JAMES in New York, attaching an Explanation of Benefits and a copy of the electronic funds transfer from Insurance Company A for payment related to JAMES's billing claim for Co-Conspirator #4's treatment of Patient D.
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(Title 18, United States Code, Sections 1343, 2 and 3551 et seq.)

COUNT SIX

(Aggravated Identity Theft – Patient A)

32. The allegations contained in paragraphs one through 25 are realleged and incorporated as if fully set forth in this paragraph.

33. On or about May 24, 2018, within the Eastern District of New York and elsewhere, the defendant MATHEW JAMES, together with others, during and in relation to the crimes charged in Counts One and Two, did knowingly and intentionally transfer, possess and use, without lawful authority, one or more means of identification of one or more persons, to wit: Patient A and Patient A's husband, knowing that the means of identification belonged to other persons.

(Title 18, United States Code, Sections 1028A(a)(1), 1028A(b), 1028A(c)(5), 2 and 3551 et seq.)

COUNT SEVEN

(Aggravated Identity Theft – Patient D)

34. The allegations contained in paragraphs one through 25 are realleged and incorporated as if fully set forth in this paragraph.

35. On or about April 3, 2018, within the Eastern District of New York and elsewhere, the defendant MATHEW JAMES, together with others, during and in relation to the crimes charged in Counts One and Two, did knowingly and intentionally transfer,

possess and use, without lawful authority, one or more means of identification of one or more persons, to wit: Patient D and Patient D's father, knowing that the means of identification belonged to other persons.

(Title 18, United States Code, Sections 1028A(a)(1), 1028A(b), 1028A(c)(5), 2 and 3551 et seq.)

COUNT EIGHT  
(Aggravated Identity Theft – Patient E)

36. The allegations contained in paragraphs one through 25 are realleged and incorporated as if fully set forth in this paragraph.

37. On or about July 25, 2018, within the Eastern District of New York and elsewhere, the defendant MATHEW JAMES, together with others, during and in relation to the crimes charged in Counts One and Two, did knowingly and intentionally transfer, possess and use, without lawful authority, one or more means of identification of one or more persons, to wit: Patient E, knowing that the means of identification belonged to another person.

(Title 18, United States Code, Sections 1028A(a)(1), 1028A(b), 1028A(c)(5), 2 and 3551 et seq.)

COUNT NINE  
(Money Laundering Conspiracy)

38. The allegations contained in paragraphs one through 25 are realleged and incorporated as if fully set forth in this paragraph.

39. In or about and between January 2013 and December 2019, both dates being approximate and inclusive, within the Eastern District of New York and elsewhere, the defendant MATHEW JAMES, together with others, did knowingly and intentionally

conspire to: (a) conduct and attempt to conduct financial transactions affecting interstate commerce, which transactions involved the proceeds of specified unlawful activity, to wit: wire fraud, health care fraud, and conspiracy to commit health care fraud, in violation of Title 18, United States Code, Sections 1343, 1347 and 1349, knowing that the property involved in such financial transactions represented the proceeds of some form of unlawful activity, and knowing that such transactions were designed in whole or in part to conceal and disguise the nature, the location, the source, the ownership and the control of the proceeds of the specified unlawful activity, in violation of Title 18, United States Code, Section 1956(a)(1)(B)(i); and (b) engage and attempt to engage in monetary transactions, in and affecting interstate commerce, in criminally derived property that was of a value greater than \$10,000 and that was derived from specified unlawful activity, to wit: Title 18, United States Code, Sections 1343, 1347 and 1349, knowing that the property involved in such monetary transactions represented the proceeds of some form of unlawful activity, in violation of Title 18, United States Code, Sections 1957(a) and 1957(b).

(Title 18, United States Code, Sections 1956(h) and 3551 et seq.)

**CRIMINAL FORFEITURE ALLEGATION  
AS TO COUNTS ONE THROUGH FIVE**

40. The United States hereby gives notice to the defendant that, upon his conviction of any of the offenses charged in Counts One through Five, the government will seek forfeiture in accordance with Title 18, United States Code, Section 982(a)(7), which requires any person convicted of a federal health care offense to forfeit property, real or personal, that constitutes or is derived, directly or indirectly, from gross proceeds traceable to the commission of such offenses.

41. If any of the above-described forfeitable property, as a result of any act or omission of the defendant:

- (a) cannot be located upon the exercise of due diligence;
- (b) has been transferred or sold to, or deposited with, a third party;
- (c) has been placed beyond the jurisdiction of the court;
- (d) has been substantially diminished in value; or
- (e) has been commingled with other property which cannot be

divided without difficulty;

it is the intent of the United States, pursuant to Title 21, United States Code, Section 853(p), as incorporated by Title 18, United States Code, Section 982(b)(1), to seek forfeiture of any other property of the defendant up to the value of the forfeitable property described in this forfeiture allegation.

(Title 18, United States Code, Sections 982(a)(7) and 982(b)(1); Title 21, United States Code, Section 853(p))

**CRIMINAL FORFEITURE ALLEGATION  
AS TO COUNT NINE**

42. The United States hereby gives notice to the defendant that, upon his conviction of the offense charged in Count Nine, the government will seek forfeiture in accordance with Title 18, United States Code, Section 982(a)(1), which requires any person convicted of such offense to forfeit any property, real or personal, involved in such offense, or any property traceable to such property including but not limited to:

- (a) Approximately nine hundred ten thousand two hundred seventeen dollars and twenty-one cents (\$910,217.21) seized from JP Morgan Chase Account No. 32163698, held in the

name of Annberry Realty of Suffolk Inc., on or about August 6, 2019, and all proceeds traceable thereto;

- (b) Approximately four million two hundred eighty-two thousand eight hundred dollars and twelve cents (\$4,282,800.12) seized from JP Morgan Chase Account No. 321282193, held in the name of Elite Industrial Ltd., on or about August 6, 2019, and all proceeds traceable thereto;
- (c) Approximately one million three hundred twelve thousand seven hundred fifty-six dollars and eighty-five cents (\$1,312,756.85) seized from JP Morgan Chase Account No. 322310126, held in the name of Remm Consultants Inc., on or about August 6, 2019, and all proceeds traceable thereto;
- (d) Approximately four million sixty-eight thousand five hundred seven dollars and fourteen cents (\$4,068,507.14) seized from JP Morgan Chase Account No. 3717883855, held in the name of Remm Consultants Inc., on or about August 6, 2019, and all proceeds traceable thereto;
- (e) Approximately one hundred fifty thousand dollars and zero cents (\$150,000.00) seized from JP Morgan Chase Account No. 321273028, held in the name of Forte Realty Corp., on or about August 6, 2019, and all proceeds traceable thereto;
- (f) Approximately one hundred fifty thousand one hundred twenty-seven dollars and forty-four cents (\$150,127.44) seized from JP Morgan Chase Account No. 3717291596, held in the name of Forte Realty Corp., on or about August 6, 2019, and all proceeds traceable thereto;
- (g) Approximately eight-three thousand fifty-four dollars and seventy-one cents (\$83,054.71) seized from JP Morgan Chase Account No. 321292085, held in the name of JAMES and his spouse, on or about August 6, 2019, and all proceeds traceable thereto;
- (h) Approximately three hundred thousand two hundred seventy-nine dollars and ninety cents (\$300,279.90) seized from JP Morgan Chase Account No. 3717289251, held in the name of Stoddart CT Realty Ltd., on or about August 6, 2019, and all proceeds traceable thereto;

- (i) Approximately one hundred seventy-nine thousand one hundred forty-nine dollars and thirty-two cents (\$179,149.32) seized from Bank of America Account No. 483077336120, held in the name of Remm Consultants Inc., on or about August 7, 2019, and all proceeds traceable thereto;
- (j) Approximately one million six hundred thousand five hundred fifty-seven dollars and seventy-five cents (\$1,600,577.75) seized from Bank of America Account No. 483077336133, held in the name of Remm Consultants Inc., on or about August 7, 2019, and all proceeds traceable thereto;
- (k) The real property and premises located at Lots 47 and 48, High Point Court, Brookville, New York 11545, and all proceeds traceable thereto;
- (l) The real property and premises located at 9 Stoddart Court, Locust Valley, New York 11560, and all proceeds traceable thereto;
- (m) The real property and premises located at 22 Overbrook Lane, Upper Brookville, New York 11771, and all proceeds traceable thereto;
- (n) The real property and premises located at 11 Sandpiper Court, Old Westbury, New York 11568, and all proceeds traceable thereto;
- (o) The real property and premises located at 8 Richard Path, St. James, New York 11780, and all proceeds traceable thereto;
- (p) The real property and premises located at 150 Hicksville Avenue, Bethpage, New York 11714, and all proceeds traceable thereto; and
- (q) The real property and premises located at 24 Forsythe Drive, East Northport, New York 11731, and all proceeds traceable thereto.

43. If any of the above-described forfeitable property, as a result of any act or omission of the defendant:

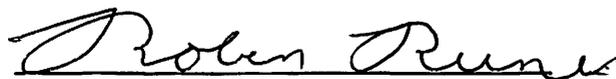
- (a) cannot be located upon the exercise of due diligence;
- (b) has been transferred or sold to, or deposited with, a third party;
- (c) has been placed beyond the jurisdiction of the court;
- (d) has been substantially diminished in value; or
- (e) has been commingled with other property which cannot be

divided without difficulty;

it is the intent of the United States, pursuant to Title 21, United States Code, Section 853(p), as incorporated by Title 18, United States Code, Section 982(b)(1), to seek forfeiture of any other property of the defendant up to the value of the forfeitable property described in this forfeiture allegation.

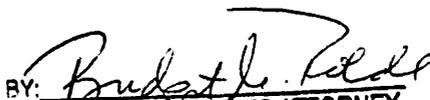
(Title 18, United States Code, Sections 982(a)(1) and 982(b)(1); Title 21, United States Code, Section 853(p))

A TRUE BILL

  
FOREPERSON

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RICHARD P. DONOGHUE  
UNITED STATES ATTORNEY  
EASTERN DISTRICT OF NEW YORK

BY:   
ASSISTING UNITED STATES ATTORNEY  
PURSUANT TO 28 C.F.R. 0.136

F.#: 2018R02072  
FORM DBD-34  
JUN. 85

No. \_\_\_\_\_

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**UNITED STATES DISTRICT COURT**

EASTERN *District of* NEW YORK

CRIMINAL DIVISION

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THE UNITED STATES OF AMERICA

vs.

MATHEW JAMES,

Defendant.

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**SUPERSEDING INDICTMENT**

(T. 18, U.S.C., §§ 982(a)(1), 982(a)(7), 982(b)(1), 1028A(a)(1), 1028A(b), 1028A(c)(5),  
1343, 1347, 1349, 1956(h), 2 and 3551 et seq.; T. 21, U.S.C., § 853(p))

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*A true bill.*

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*Foreperson*

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Filed in open court this ----- day,

of ----- A.D. 20 -----

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*Clerk*

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Bail, \$ -----

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***Catherine M. Mirabile, Assistant U.S. Attorney, (631) 715-7850***  
***Miriam L. Glaser Dauermann, Trial Attorney, (718) 254-7575***