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UNITED STATES HOUSE OF REPRESENTATIVES 2015 FINANCIAL DISCLOSURE STATEMENT		Form A For Use by Members, Officers, and Employees		Page 1 of LICOCLATIVE SESTEMOS CONT. V
Name: CHASTOPHER PATRICL GIBST	Daytime Telephone:	202.225.509	U.S. HJJE ST O.S.	U.S. HJULL OF RESPRESSIVATIVES  A \$200 penalty shall be assessed against any individual who files more than 30 days late.
FILER  Member of or Candidate for State:  STATUS  Member of Representatives District:	Y	Officer or Employing Office:		
REPORT 2015 Annual (Due: May 16, 2016)	Amendment	Termination  Date of Termination:	nination:	
PRELIMINARY INFORMATION - ANSWER EACH OF THESE	SE QUESTIONS			l .
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. Make more than \$200 in unearmed income from any reportable asset during the reporting period?	No Se	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?	ortable agreement or arrangement with an reporting period or in the current calendar of filing?	Yes No
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?	No No	G. Did you, your spouse, or your dependent child receive any reportable gift(s) totaling more than \$375 in value from a single source during the reporting period?	hild receive any alue from a single	Yes No
C. Did you or your spouse have "earned" income (e.g., salaries, honoraria, or pension/IRA distributions) of \$200 or more during the reporting period?	Yes No	H. Did you, your spouse, or your dependent child receive any reportable travel or reimbursements for travel totaling more than \$375 in value from a single source during the reporting period?	hild receive any totaling more than reporting period?	Yes No
D. Did you, your spouse, or your dependent child have any reportable Yes liability (more than \$10,000) at any point during the reporting period?	No L	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?	onation to charity in or article during the	Yes No
E. Did you hold any reportable positions during the reporting period or in Yes the current calendar year up through the date of filing?	No	E CO	SCHEDULE IF Y	RRESPONDING SCHEDULE IF YOU ANSWER "YES
IPO AND EXCLUSION OF SPOUSE, DEPENDENT	DEPENDENT, OR TRUST INFORMATION -	DRMATION - ANSWER <u>EACH</u> 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.	ublic Offering during the re	porting period? If you answered "yes" to this qu	uestion, please contact	Yes No X
TRUSTS - Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need this report details of such a trust that benefits you, your spouse, or dependent child?	ee on Ethics and certain ot hild?		not be disclosed. Have you excluded from	Yes No X
<b>EXEMPTION</b> – Have you excluded from this report any other assets, "uneamed" 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.	d" income, transactions, or I with the Committee on Et	liabilities of a spouse or your dependent child bhics.	ecause they meet all	Yes No X

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BLOCK A	JLE A – ASSETS 8
BLOCK B	JLE A – ASSETS & "UNEARNED INCOME"
BLOCK C	Name: CHASTOPINEL Princh GI
BLOCKD	A GUSON Page A
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	_			F	-	1	Exa	Τ	For a detailed discussion of Schedule requirements, please refer to the instruction booklet.	If you so choose, you may indicate that an asset or income sources is that of your spouse (SP) or dependent child (DC), or jointly held with anyone (JT), in the optional column on the far left.	If you have a privately-traded fund that is an Excepted Investment Fund, please check the "EIF" box.	Exclude: Your personal residence, including second fromes and vacation fromes (unless there was rental income during the reporting period); and any financial interest in, or income derived from, a federal retirement program, including the Thrift Savings Plan.	For an ownership interest in a privately-held business that is not publicly traded, state the name of the business, the nature of its activities, and its geographic location in Block A.	For rental and other real property held for investment, provide a complete address or description, e.g., rental property," and a city and state.	For bank and other cash accounts, total the amount in all interest-bearing accounts. If the total is over \$5,000, list every financial institution where there is more than \$1,000 in interest-bearing accounts.	For 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).	concerning a now a time and on the reporting period, and (b) any other reportable asset or source of income that generated more than \$200 in 'unearned' income during the year.	Identify (a) each asset held for investment or production of income and with a fair market value	≽	ı
				1	FIRST		Examples:	_]	detailed discussion onts, please refer to the	choose children	Inve	Your dyac uring the program of the p	ot put	ppend and	and c great-t st eve \$1,0	int Sh	onple signo	illy #1, vvv at the end on the reporting period, any other reportable asset or source of that generated more than \$200 in 'uneamed' during the year.	(a) each asset held for investment or or income and with a fair market value	Asset and/or Income Source	
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<b>-</b>					_	L	ļ.,			Asset over \$1,	***************************************				E	<b>↓</b>					
	_						_	_	NONE	<u> </u>						4	if the asset generated no income during the period.	oze accounts), you may check the "lax-belened" column. Dividends, Interest, and capital gains, even if reinvested, must be disclosed as income for assets held in taxable accounts. Check "None"	Check all columns that apply. For accounts that generate tax-deferred income (such as 401(k), IRA, or		
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$\perp$	$\Box$	$\Box$			Ц				Over \$5,000						<u>×</u>	1	jenerated. Column XII is for assets held by your spouse or dependent child	category of income by checking the appropriate box below. Dividends, inferest, and capital gains, even if reinvested, must be disclosed as income for assets held in taxable accounts. Check "None" if no income was earned or	For assets for which you checked 'Tax-Deferred' in Block C, you may check the "None" column. For all other assets indicate the		
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									∄), or						Leave this column blank if there are no transactions that exceeded \$1,000.	an asset was sold, please indicate as follows: (S (part)).	a dig	purchases (P), sales (S), or exchanges (E) exceeding \$1,000	<b>3</b>	Transaction	줴
		- 1					L		m							.~ % <u>⊊</u> 8	•	0	_	3	

## SCHEDULE C - EARNED INCOME

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List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. government) totaling \$200 or more during the reporting period. For 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 2015 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was \$27,225. In addition, certain types of income (notably honoraria, director's fees, and payments for professional services involving a fiduciary relationship) were totally prohibited.  Source (include date of receipt for honoraria)  Type  Amount  Response State  Approved Teaching Fee  \$6,000	nsated at or above the "senior staff" rate totally prohibited.  Type  Approved Teaching Fee	was \$27,225. In addition, certain  Amount  ss.000
Examples: State of Maryland (Oct. 2) Civil War Roundtable (Oct. 2) Ontario County Board of Education	Spouse Speech Spouse Salary	\$18,000 \$1,000 \$1,000 N/A
Empire STATE CONECE (MODILIE Profession) WITE - MANY TO GIBSON	Spoure Salvay	4, 463.26
SAMMUND WHE- MARY TO GROW	Spowe Saway	4,970.40

### SCHEDULE D - LIABILITIES

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Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or your dependent child. Mark the highest amount owed during the reporting period. Members: Members are required to report all liabilities secured by real property including mortgages on their personal residence. Exclude: Any mortgage on your personal residence (unless you rent it out or are a Member); loans secured by automobiles, household furniture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); and liabilities owed to you by a spouse or the child, parent, or sibling of you or your spouse. Report a revolving charge account (i.e., credit card) only if the balance at the close of the reporting period exceeded \$10,000.

\*\*Column K is for liabilities held solely by your spouse or dependent child.

4		SP, DC, JT		
Wen	Example			
WEUS FAAGO	First Bank of Wilmington, DE	Creditor		ż
Aus 2009	5/98	Date Liability Incurred MO/YR		
Mourball (NOME)	Mortgage on Rental Property, Dover, DE	Type of Liability		
		\$10,001- \$15,000	>	
		\$15,001- \$50,000	50	
		\$50,001- \$100,000	c	
	x	\$100,001- \$250,000	0	
X		\$250,001- \$500,000	m	moun
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		\$1,000,001- \$5,000,000	၈	Amount of Liability
		\$5,000,001- \$25,000,000	=	
		\$25,000,001- \$50,000,000	_	
		Over \$50,000,000	د	
		Over \$1,000,000* (Spouse/DC Liability)	~	

#### **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, 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

Position	Position  Position  Name of Organization
BOMA MENER (VOLUNTER - NO Pay)	SPRINGBLOOK - Tairenecras AND DEVELOPMENT DISABLUMES

## SCHEDULE F - AGREEMENTS

Name:	
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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.
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#### STATE OF Date Anther Francis Company Parties to Agreement I WAINED ALL POYAGES AND HAVE MAKE NO MONEY From it Armfalt Pulmones my Book, Securing The Smile in Fed ZooB Terms of Agreement

#### SCHEDULE G - GIFTS

Report the source (by name), a brief description, and the value of all gifts totaling more than \$375 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, 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 \$150 or less need not be added towards the \$375 disclosure threshold. Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule.

Source	Description	Value
Example: Mr. Joseph Smith, Arlington, VA	Silver Platter (determination of personal friendship received from the Ethics Committee)	\$400