UNITED STATES HOUSE OF REPRESENTATIVES 2014 FINANCIAL DISCLOSURE STATEMENT	Form A For Use by Members, Officers, a	THE Page 1 of Section 1999 The Page 1 of Section
		2015 MAY -1 PM 12: 15
Name: CHANTOPHER PATRICL CLASON	Daytime Telephone:	M.S. HOUSE OF REPRESENTATIVES
FILER STATUS Member of or Candidate for State: U.S. House of Representatives District:	NY Officer or El	Employing Office:
REPORT 2014 Annual (Due: May 15, 2015)	Amendment	Termination Date of Termination:
PRELIMINARY INFORMATION - ANSWER EACH OF T	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. Make more than \$200 in unearned income from any reportable asset during the reporting period?	Yes No F. Did you have any reportable outside entity during the reportable year up through the date of fill	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?
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?	Yes No Source during the reporting period?	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?
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 you reportable travel or reimburse \$375 in value from a single so	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?
D. Did you, your spouse, or your dependent child have any reportable liability (more than \$10,000) at any point during the reporting period?	Yes No I. Did any individual or organize lieu of paying you for a speech reporting period?	I. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article during the Yes No No IX
E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing?	E CO	RRESPONDING SCHEDULE IF YOU ANSWER "YES"
IPO AND EXCLUSION OF SPOUSE, DEPENDEN	DEPENDENT, OR TRUST INFORMATION - ANSWE	SWER 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.	l Public Offering during the reporting period? If you answered	"yes" to this question, 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 your dependent child?	s and certain other "excepted trusts" need	not be disclosed. Have you excluded from Yes . No X
EXEMPTION – Have you excluded from this report any other assets, "unearmed" 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.	med" income, transactions, or liabilities of a spouse or your de lited with the Committee on Ethics.	pendent child because they meet all Yes 🔲 No 🔀

SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name: CHLISTOPHEN PASSING GASON

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				THUST N		Examples:	l&	rental property, and a city and state. The rental property, and a city and state that is not publicly traded, state the business, the nature of its act geographic location in Block A. Exclude: Your personal residence, is homes and vacation homes (unless thomes and vacation homes derived in the rest in, or income derived in retirement program, including the Thin retirement program, including the Thin retirement program, including the Thin fertinement program, including the Thin retirement program (and program, including the Thin retirement program, including the Thin retirement program (and program for the constitution).	bank and other il interest-bearin NO, list every fir e than \$1,000 in rental and other ites a complete	ASSET BITCOT INCOME ASSET BITCOT ASSET HEID OF THE ASSET HEID POOLED OF THE ASSET HEID POOLED OF THE ASSET HEID POOLED OF THE ASSET HEID ASSET HE HEID ASSET HE HEID ASSET HE HEID ASSET HEID ASSET HE HEID ASSET HEID ASSET HE HEID ASSET HEID ASSET HEID A	A
				NIAGARA(CHIS)	ABC Hedge Fund X	Simon & Schuster	Mega Corp. Stock	Territal property, and a city and state. 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. Exclude: Your personal residence, including second homes and vacation homes (unitess 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. If you have a privately-traded fund that is an Excepted investment Fund, please check the "EIF" box. If you have so thouse, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC), or jointly held with anyone (JT), in the optional column on the far left. For a detailed discussion of Schedule A requirements, please refer to the instruction booklet.	For 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 rental and other real property hald for investment, accounts and the set property hald for investment.	for investment or a fair market value the reporting period, asset or source of asset or source of \$200 in 'unearmed' ks and mutual funds ks and mutual funds the period of each asset held in ordinal thresholds in ordinal thresholds.	for Income Source
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$ \square$								\$1-\$1,000		ate va ation n asse asse it armn M	
						Indefinite		\$1,001-\$15,000	0	indicate value of as valuation method oth used. If an asset was solt because it generated "Column M is for assey you have no interest.	
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_	+			X	 			\$100,001-\$250,000		Value OT ASSET Indicate value of asset at close of the reporting period. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold during the reporting period and is included only because it generated income, the value should be "None." "Column M is for assets held by your spouse or dependent child in which you have no interest.	, ,
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					Partnership Income	Royalbes		Other Type of Income (Specify: e.g., Partnership Income or Farm Income)		r accounts that \$401(k), IRA, or "Tax-Deferred" capital gains, sed as income . Check "None" ng the reporting	
\bot								None		For assets may check category o Dividends, must be accounts. generated. *Column XI in which yo	_
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				\bowtie				\$201-\$1,000		for wi the " into into dische Ch Ch Il is to is hav	
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				<u> </u>		ļ		\$2,501-\$5,000	<	AAROUMN OF INCOME h you checked "Tax-Defer ne column. For sil other e by checking the appro st, and capital gains, es d as income for asset k. "None" if no income k. "None" is pousse bo interest.	-
4	<u> </u>	<u> </u>		\sqcup				\$5,001-\$15,000	≤	ecked mn. F mn. F capitus capi	בולים לא היים בולים לא היים
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				Щ	ldash	_		\$1,000,001-\$5,000,000	×	in Blow	
				Щ	<u> </u>		ļ	Over \$5,000,000	<u>×</u> .	For assets for which you checked "Tax-Deferred" in Block C, you may check the "None" column. For all other assets indicate the category of income by checking the appropriate box below. Dividends, interest, and capiting the appropriate box below. Dividends, interest, and capiting the appropriate box below. Dividends, interest, and capiting the appropriate to be discloseed as income for assets held in taxable accounts. Check "None" if no income was earned or generated. "Column XII is for assets held by your spouse or dependent child in which you have no interest.	
	<u> </u>			<u></u>				Spouse/DC Asset with Income over \$1,000,000*	¥8305		
							S(part)	P, S, S(part), or E	Leave this column blank if there are no transactions that exceeded \$1,000.	rransaction indicate if the asset had saset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in the reporting period. If only a portion of an asset was sold, please indicate as follows: (S (pant)).	Tennondia:

SCHEDULE C - EARNED INCOME

Name: < HALSTOPHEL PASKUL GO

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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.

INCOME LIMITS and PROHIBITED INCOME: The 2014 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was \$26,955. In addition, certain types of income (notably honoraria, director's fees, and payments for professional services involving a fiduciary relationship) were totally prohibited. EXCLUDE: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.

Source (include date of receipt for honoraria)	Туре	Amount
	Approved Teaching Fee	\$6,000
CXdi (1) p185; Chril War Roundtable (Oct. 2) Ontario County Board of Education	Spouse Speech Spouse Splary	\$1,000 N/A
EMPINE STATE COVER - MAJUNET PROFESTON (MALY JO GLESS-WIFE)	Dave Spenin	* 984.12
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SCHEDULE D - LIABILITIES

Name: CHLISTOPHEL PHYSILL GISSON

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

	45		SP. DC, JT		
		Example			
	was falls	First Bank of Wilmington, DE	Creditor		
	Au6 2009	5/98	Date Liability Incurred MO/YR		
	ANS 2009 MOLYGUE (HOME)	Mortgage on Rental Property, Dover, DE	Type of Liability		
			\$10,001- \$15,000	>	
			\$15,001- \$50,000	œ	
			\$50,001- \$100,000	D	
		×	\$100,001- \$250,000	0	_
	×		\$250,001- \$500,000	m	Amount of Liability
			\$500,001- \$1,000,000	71	t of Li
			\$1,000,001- \$5,000,000	6	ability
			\$5,000,001- \$25,000,000	Ξ	
			\$25,000,001- \$50,000,000	-	
			Over \$50,000,000	<u>.</u>	
			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

held in any religious, social, fraternal, or political entities (sur	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

SCHEDULE F - AGREEMENTS

Name: CHLISTAPHEL PHINICH GIBSON

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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;

Date Parties to Agreement	Terms of Agreement
Three Zoof Asstable and Asstable Food and	Asthore Rubusher My Book Sequing The STATE IN FEB 2008.
	I WAINED ALL ROYALTIES AND HAVE MADE NO HOWEY FROM IT.

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