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UNITED STATES HOUSE OF REPRESENTATIVES CALENDAR YEAR 2012 FINANCIAL DISCLOSURE STATEMENT	Form A For use by Members, officers, and employees	HAND Page 1 of 5
Name: CHAITOPHEA PAING GAS and Daytime	Daytime Telephone:	2013 MAY 14 PH 3: 07
		J.S. H0USZ C// (Qfflog Use Qnly)
Status Member of the U.S. State: NY Officer or Employee	er Employing Office:	A \$200 penalty shall be assessed
Annual (May 15, 2013)	Termination Date:	against anyone who files more than 30 days late.
PRELIMINARY INFORMATION — ANSWER EACH OF THESE	E QUESTIONS	
I. Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period?  Yes No If yes, complete and attach Schedule I.	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than \$350 and not otherwise exempt)?  If yes, complete and attach Schedule VI.	receive any regating more Yes No X
II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period?  If yes, complete and attach Schedule II.	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than \$350 from one source)?  If yes, complete and attach Schedule VII.	d receive any in the reporting Yes No No
III. Did you, your spouse, or a dependent child receive "unearned" income of more than \$200 in the reporting period or hold any reportable asset worth more than \$1,000 at the end of the period?  If yes, complete and attach Schedule III.	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year?  If yes, complete and attach Schedule VIII.	or before the date  Yes No X
IV. Did you, your spouse, or a dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding \$1,000 during the reporting period?  If yes, complete and attach Schedule IV.	IX. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX.	arrangement with Yes No No
V. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period?  If yes, complete and attach Schedule V.	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response	stion in this part must be answered and the schedule attached for each "Yes" response.
EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION	   <u> </u>	NSWER EACH OF THESE QUESTIONS
IPO—Did you purchase any shares that were allocated as a part of an Initial Public Offering?		Yes No X
TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child?	d certain other "excepted trusts" need not be dis- ld?	closed. Have you Yes No
<b>EXEMPTION</b> —Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee or	sactions, or liabilities of a spouse or dependent child because vith the Committee on Ethics.	child because Yes No X

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# SCHEDULE I—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling \$200 or more during the preceding calendar year. 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.

							Empire STATE COWERS - ABJUNCY Professor (MAY TO GARDN-WIFE)	Ontario County Board of Education	Examples: State of Maryland	Keene State	Source
							Spoure Salvey	Spouse Salary	Legislative Pension	Approved Teaching Fee	Туре
							5,200.02	NA NA	\$9,000	\$6,000	Amount

HSBC Account (consching/Savings		Examples:	SP Sp Mega Corp. Stock	bomes and vacation homes ( <i>unless</i> there was rental income during the reporting period); any deposits totaling \$5,000 or less in a personal checking or saving accounts; and any financial interest in, or income derived from, a federal retirement program, including the Thrift Savings Plan.  If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC), or is jointly held with your spouse (JT), in the optional column on the far left.  For a detailed discussion of Schedule III requirements, please refer to the instruction booklet.	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.  Example: Your personal positions including geographic	For rental or other real property held for investment, provide a complete address or a description, e.g., "rental property," and a city and state.	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 ticker symbols.)	Identify (a) each asset held for investment or production of income with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other reportable asset or sources of income which generated more than \$200 in "unearned" income during the year.	Asset and/or Income Source	BLOCK A
×	X	$\rightarrow$	X	None \$1 - \$1,000 \$1,001 - \$15,000 \$15,001 - \$50,000 \$50,001 - \$100,000 \$100,001 - \$250,000 \$250,001 - \$500,000 \$500,001 - \$1,000,000 \$1,000,001 - \$5,000,000 \$5,000,001 - \$25,000,000 \$5,000,001 - \$50,000,000 \$25,000,001 - \$50,000,000 Over \$50,000,000 Spouse/DC Asset over \$1,000,000*	A B C C C C C C C C C C C C C C C C C C		* This column is for assets held solely by your spouse or dependent child.	If an asset was sold during the reporting year and is included only because it generated income, the value should be "None."	Indicate value of asset at close of reporting year. If you use a valuation method other than fair market value, please specify the method used.	Value of Asset	BLOCK B
×	X		×	NONE DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST TAX-DEFERRED Other Type of Income (Specify: e.g., Partnership Income or Farm I	ncome)	reporting period.	vested, must be disclosed as income. Check "None" if the asset generated no income during the	IHAs), you may check the "lax- Deferred" column. Dividends, inter- est, and capital gains, even if rein-	~ ~ ~ ~ ~	Type of Income	BLOCK C
×	×	×	×	None \$1 - \$200 \$201 - \$1,000 \$1,001 - \$2,500 \$2,501 - \$5,000 \$5,001 - \$15,000 \$50,001 - \$100,000 \$100,001 - \$1,000,000 \$1,000,001 - \$5,000,000 Over \$5,000,000 Spouse/DC Income over \$1,000,000*		dependent child.	* This column is for income generated by assets held solely by your spouse or	and capital gains, even if reinvested, must be disclosed as income. Check "None" if no income was earned or generated.	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. <b>Dividends, interest</b> ,	_	BLOCK D
			S (partial)	(S) (partial) See below for exam- ple.  P, S, E	an asset is sold, please indicate as follows:	If only a	•	\$1,000 in reporting	asset had purchases (P), sales (S), or exchanges (E) exceeding	Transaction	BLOCK E

### SCHEDULE V— LIABILITIES

Name CHAISTIPHEL Parish 6:43-1

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during the year. Members: Members are required to report all liabilities secured by real property including mortgages on their personal residence. Exclude: Any mortgage on your personal Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed residence (unless it is rented out or you 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 a spouse, or the child, parent, or sibling of you or your spouse. Report revolving charge accounts (i.e., credit cards) only if the balance at the close of the preceding calendar year exceeded \$10,000. \*This column is for liabilities held solely by your spouse or dependent child.

		L D W
	<u> </u>	JT, SP,
Wen	Example:	
Wens Farso	Example: First Bank of Wilmington, DE	Creditor
Avs 2009	May 1998	Date Liability Incurred Mo/Year
Moercabe	Mortgage on 123 Main St., Dover, DE	Type of Liability
		\$10,001- \$15,000
		\$15,001- \$50,000
	_	\$50,001- \$100,000
	×	\$100,001- \$250,000
×	L	\$250,001- \$500,000 m \$500,001- \$1,000,001- \$5,000,000 G
	_	\$500,001- \$1,000,000
		\$5,000,001_
	_	\$25,000,000 <b>-</b> \$25,000,001-
		\$50,000,000 T
	<del> </del>	\$50,000,000 <b>C</b> Spouse/DC Liability Over \$1,000,000*

#### SCHEDULE VI— GIFTS

Report the source, a brief description, and the value of all gifts totalling more than \$350 received by you, your spouse, or a dependent child from any source during the year.

**Exclude:** Gifts from relatives, gifts of personal hospitality of 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 \$140 or less need not be added towards the \$350 disclosure threshold.

**Note:** The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule.

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		9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9	Example: Mr. Joseph H. Smith, Anytown, Anystate	Source	
			Silver Platter (determination on personal friendship received from Committee on Ethics)	Description	
			\$375	Value	

### SCHEDULE VIII—POSITIONS

Name CHAITTOPHOL PANICH GROWN

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organization, or any educational or other institution other than the United States. proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner,

tions); and positions solely of an honorary nature. Exclude: Positions listed on Schedule I; positions held in any religious, social, fraternal, or political entities (such as political parties and campaign organiza-

a management of the state of th			Position
			Name of Organization

# SCHEDULE IX—AGREEMENTS

employee welfare or benefit plan maintained by a former employer. government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of

			June 2007	Date	,
			June 2007 ASIGNE PUBLISHING CONDIAN	Parties To	
	HAVE MADE NO MONEY FROM IT.	FEBRUARY 2009. I WAIVED ALL ROYALTIES AND	ASHIGHTE PUBLISHED MY BOOK, SECURING THE STATE in	Terms of Agreement	