AUG - 5 2014

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UNITED STATES HOUSE OF REPRESENTATIVES FINANCIAL DISCLOSURE STATEMENT DECEMBER 31, 2012 For use by candidates	FORM B idates and new employees	Page 1 of	Page 1 of SOURCE CENTER
		U.S. HOUSE OF SEPRESENTATIVES	LERK
Name: JOHN A. HUGYA Daytime Telephone:			
		(Office Use Only)	
Filer X Candidate for the State: PA Date of House of Representatives District: 12TH Election: ————————————————————————————————————	Check if Amendment	A \$200 penalty shall be against any individual more than 30 days late.	assessed who files
In all sections, please type or print clearly in blue or black ink.			i
PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS	SNS		
t. Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period? If yes, complete and attach Schedule I. IV. Did you hold of filing in the cultifyes, complete.	IV. Did you hold any reportable positions on or before the date of filing in the current calendar year or in the prior two years? If yes, complete and attach Schedule IV.	pefore the date or two years? Yes X	
II. 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? Yes X No If yes, complete and attach Schedule II.	V. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule V.	rangement Yes	No
III. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period? Yes X No I Did you rece a single source if yes, complete and attach Schedule III.	VI. Did you receive compensation of more than \$5,000 from a single source in the two prior years? If yes, complete and attach Schedule VI.	\$5,000 from Yes	No X
Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.	chedule attached for	each "Yes" response.	
EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION —	ANSWER EACH C	ANSWER EACH OF THESE QUESTIONS	S
TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted to disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or a dependent child?	ner "excepted trusts" need not be pendent child?	ot be Yes	No X
EXEMPTION —Have you excluded from this report any other assets, "unearned" income, transactions, or liab because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the	r liabilities of a spouse or dependent child n the Committee on Ethics.	ependent child Yes	No X

SCHEDULE I — EARNED INCOME (INCLUDING HONORARIA)

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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) 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.

Source (include date of receipt for honoraria)	Type	Amount	unt
(include date of receipt for individual)	1 700	Current Year to Filing	Preceding Year
XYZ Corporation, Houston, TX	Salary	\$6,300	\$28,450
First Bank & Trust, Houston, TX	Director's Fee	\$400	\$3,200
_	Honorarium	0	\$1,000
Harris County, Texas Public Schools	Spouse Salary	NA	NA
GREATER JOHNSTOWN AREA VO-TECH JOHNSTOWN PA	TEACHING FEES	2,060.00	2,043.00
CONEMAUGH TWP. JOHNSTOWN PA	SALARY	570.00	240.00
GREATER JOHNSTOWN AREA VO-TECH JOHNSTOWN PA	TEACHING FEES	2,226.00	2,066.00
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PA UC FUND UNEMPLOYME	JT BRIKAR,	G.A.P	NORTHWEST	PA UC UNEMP	T BANYAN		Examples:		you so choos ourse source in thick (DC) of the optional or a detailed did asserted to the continuation of the optional or a detailed did asserted to the sase refer to the sas	Exclude: Your personal transfer of the following the report of the following \$5,000 or less in accounts; and any fir derived from, a federal the Thrift Savings Plan.	For an ownership in that is not publicly that is not publicly ress, the nature cocation in Block A.	For rental or other r provide a complete rental property, and	rall IRAs and uns) provide to count that exc	Provide complete names of (do not use ticker symbols).	income with a end of the cortable asset ore than \$200	Asset a	
PA UC FUND UNEMPLOYMENT	R, INC.	. FEDL. CU	WEST CHECKING BANK	PA UC FUND UNEMPLOYMENT	N RESORT REALTY	1st Bank of Paducah, KY accounts	Simon & Schuster	SP Mega Corp. Stock	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 II requirements, please refer to the instruction booklet.	Exclude: Your personal residence, including second homes and vacation homes (unless there was rental income during the reporting period); any deposits totaling \$5,000 or less in personal checking or savings accounts; 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 or other real property held for investment, provide a complete address or a description, e.g., "rental property," and the 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
		×	×	⋈	german.	100	Secure 2	.a. ∞ 3	None		>	by your spouse or dependent child.	, ed	ing if	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.		
					×	<u></u>	5	10.39	\$1 \$1,000 \$1,001 \$15,000		<u> </u>	by your spouse or dependent child.	it generated income, the value should be "None."	If an asset was sold during the reporting year and is included only because	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.		
		£ 125				15%	Indefinite		\$18,001 - \$80,000		e e	Spo	e."	an se	yalı othe	<	<u>.</u>
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.775/800 604.57 (- 175 F 7-126	000 No. 30 Tay		- 278F9	2985C)	17250	DIVIDENDS			during the reporting period.	if reinvested, must be dis- closed as income. Check "None" if the asset generated no income	plans or IHAs), you may check the "Tax-Deferred" column. Dividends, interest, and capital gains, even	Check all columns that apply. For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k))	Į	l
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			N 17 %		1.77				\$5,001 - \$15,000 \$15,001 - \$50,000		Current Year		spouse or dependent child.	I ncome. Check "None" if no income was earned or generated. * This column is for income derived from assets solety held by your	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 capital gains, even if reinvested, must be disclosed as		
CONTRACTOR	** X** V.	576°		<u> </u>		1/20	A CAN	<u> </u>	\$50,001 \$100,000	1. N. Jan. 1	ent Yea		ž :		e cuch × cuche × cuche		
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Continuation Sheet (if needed) T Ξ IL 8 SP, JT IL Asset and/or Income Source TIMESHARE-KEYWEST PENSION BETHLEHEM STEE TIME SHARE-MARRIOTT TIMESHARE-HILTON TIMESHARE-KEYWEST SOCIAL COMM. OF SECURITY BLOCK A PA PENSION None \$1 - \$1,000 \$1,001 - \$15,000 O \$15,000 **= \$50,000** \ Value of Asset \$50,001 - \$100,000 m BLOCK B O \$250,001 - \$500,000 \$1,000,001 - \$5,000,000 \$25,000,001 - \$50,000,000 Spouse/DC Asset over \$1,000,000* **DIVIDENDS** Type of Income RENT BLOCK C INTEREST CAPITAL GAINS EXCEPTED/BLIND TRUST Other Type of Income-(Specify: e.g. Partnership (ncome or Farm Income) Name \$1 - \$200 \$201 - \$1,000 · JOHN \$1,001 - \$2,500 **Current Year** \$2,501 - \$5,000 × \$5,001 - \$15,000 \$15,001 - \$50,000 HUGYA \$50,001 - \$100,000 \$100,001 - \$1,000,000 Amount of Income \$1,000,001 - \$5,000,000 Over \$5,000,000 BLOCK D None : 1 - 200\$201 - \$1,000 Preceding Year \$1,001 - \$2,500 \$2,501 - \$5,000 \$5,001 - \$15,000 × \$15,001 - \$50,000 \$50,001 - \$100,000 \$100,001 - \$1,000,000 잋 \$1,000,001 - \$5,000,000 Over \$5,000,000 Spouse/DC income over \$1,000,000

SCHEDULE III - LIABILITIES

Name JOHN A. HUGYA Page 5 of _

owed during the reporting period. Exclude: Any mortgage on your personal residence (unless there is rental income); loans secured by automobiles, household furni-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 ture, 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 previous calendar year exceeded \$10,000

g		Date		A B	0	Amount of Liability		_	2
٦ <u>,</u>	Creditor	Incurred mo/year	Type of Liability	\$15,001— \$50,000	\$100,001— \$250,000	\$256,081 \$500,000 \$1,000,000	\$5,000,001— \$25,000,000	\$25,000,000 \$59,000,000 Over \$50,000,000	Spouse/DC Lebility over \$ 000,000
	Example: First Bank of Wilmington, DE	May 1998	Mortgage on 123 Main Street, Dover, DE		X				
JT	MARIOTT TIMESHARE	2012	MORTGAGE TIMESHARE	M				20 M	, ,
I									

SCHEDULE IV -- POSITIONS

Report all positions, compensated or uncompensated, held on or before the date of filing during the current calendar year and in the two prior years as an officer, director, trustee, partner, proprietor, representative, employee, or consultant of any corporation, company, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States

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 a political party or campaign organization);

and pooling to overy or an indicator y that are	IANUTY:
 Position	Name of Organization
 TRUSTEE	F.O.P. CHAPTER 98
 ASST. DIRECTOR	JOHNSTOWN REGIONAL PORTCE ACADEMY
 SECRETARY	BRIKAR OF PA, INC.

SCHEDULE V — AGREEMENTS

Name JOHN A. HUGYA Page of -

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 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.

Date	Parties To	Terms of Agreement
	N/A	

SCHEDULE VI — COMPENSATION IN EXCESS OF \$5,000 PAID BY ONE SOURCE

Report sources of such compensation received by you or your business affiliation for services provided directly by you during the two prior years. This includes the names of clients and customers of any corporation, firm, partnership, or other business enterprise, or any nonprofit organization if you directly provided the services generating a fee or payment of more than \$5,000. Exclude: Payments by the U.S. Government and any information considered confidential as a result of a privileged relationship recognized by law. Do not repeat information listed on Schedule I.

Source (Name and Address)	Brief Description of Duties
Example: Doe Jones & Smith, Hometown, Homestate	Accounting services
N/A	
	•

GPO: 2013

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