

**UNITED STATES HOUSE OF REPRESENTATIVES  
CALENDAR YEAR 2012 FINANCIAL DISCLOSURE STATEMENT**

Form A  
For use by Members, officers, and employees

**HAND DELIVERED**

LEGISLATIVE RESOURCE CENTER *Mc*

Name: Robert Huyn Daytime Telephone: \_\_\_\_\_

2013 MAY 15 PM 1:12

Filer Status	<input checked="" type="checkbox"/> Member of the U.S. House of Representatives	State: <u>VIRGINIA</u>	District: <u>5th</u>	<input type="checkbox"/> Officer or Employee	Employing Office: _____	Termination Date: _____
Report Type	<input checked="" type="checkbox"/> Annual (May 15, 2013)	<input type="checkbox"/> Amendment	<input type="checkbox"/> Termination	<p>U.S. HOUSE OF REPRESENTATIVES (For Members Only)</p> <p><b>A \$200 penalty shall be assessed against anyone who files more than 30 days late.</b></p>		

**PRELIMINARY INFORMATION — ANSWER EACH OF THESE 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? <b>If yes, complete and attach Schedule I.</b>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	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)? <b>If yes, complete and attach Schedule VI.</b>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
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? <b>If yes, complete and attach Schedule II.</b>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	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)? <b>If yes, complete and attach Schedule VII.</b>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
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? <b>If yes, complete and attach Schedule III.</b>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? <b>If yes, complete and attach Schedule VIII.</b>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
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? <b>If yes, complete and attach Schedule IV.</b>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	IX. Did you have any reportable agreement or arrangement with an outside entity? <b>If yes, complete and attach Schedule IX.</b>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
V. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period? <b>If yes, complete and attach Schedule V.</b>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	<p><b>Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.</b></p>	

**EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS**

IPO—Did you purchase any shares that were allocated as a part of an Initial Public Offering?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
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?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

Name Robert Hume

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**Exclude:** Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.

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**For additional assets and unearned income, use next page**

## Continuation Sheet (if needed)

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**This page may be copied if more space is required.**

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### Amount of Liability

**SCHEDULE VI— GIFTS** **N/A**

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

**Use additional sheets if more space is required.**