



Filing ID #10000795

FINANCIAL DISCLOSURE REPORT

Clerk of the House of Representatives • Legislative Resource Center • B-106 Cannon Building • Washington, DC 20515

FILER INFORMATION

Name: Mr. Brian Higgins
Status: Member
State/District: NY26

FILING INFORMATION

Filing Type: Annual Report
Filing Year: 2013
Filing Date: 04/21/2014

SCHEDULE A: ASSETS AND "UNEARNED" INCOME

Asset	Owner	Value of Asset	Income Type(s)	Income Tx. > \$1,000?
Charles Schwab Bank		\$1,001 - \$15,000	Dividends	\$1 - \$200 <input type="checkbox"/>
Congressional FCU		\$1 - \$1,000	Interest	\$1 - \$200 <input type="checkbox"/>
M&T Bank		\$1,001 - \$15,000	Interest	\$1 - \$200 <input type="checkbox"/>
M&T Bank	SP	\$1,001 - \$15,000	Interest	\$1 - \$200 <input type="checkbox"/>
M&T Bank	DC	\$1,001 - \$15,000	Interest	\$1 - \$200 <input type="checkbox"/>
M&T Bank	DC	\$1 - \$1,000	Interest	\$1 - \$200 <input type="checkbox"/>
NY State & Local Employees Retirement Fund (not self-directed)		Undetermined	None	<input type="checkbox"/>
DESCRIPTION: Pension at retirement.				

Asset	Owner	Value of Asset	Income Type(s)	Income Tx. > \$1,000?
NY State & Local Employees Retirement Fund (not self-directed)	SP	Undetermined	None	<input type="checkbox"/>
DESCRIPTION: Pension at retirement.				
NYS College Savings Account	DC	None	None	<input checked="" type="checkbox"/>
LOCATION: NY				
Schwab S&P 500 Index FC		\$1,001 - \$15,000	Dividends	\$1 - \$200 <input type="checkbox"/>

SCHEDULE B: TRANSACTIONS

Asset	Owner	Date	Tx. Type	Amount	Cap. Gains > \$200?
NYS College Savings Account	DC	08/26/2013		\$1,001 - \$15,000	
LOCATION: NY					
DESCRIPTION: Withdrawal of balance for dependent child tuition.					

SCHEDULE C: EARNED INCOME

Source	Type	Amount
City of Buffalo, NY Board of Education	Spouse salary	\$54,562

SCHEDULE D: LIABILITIES

Owner	Creditor	Date Incurred	Type	Amount of Liability
SP	Chase	Various	Revolving charge	\$15,001 - \$50,000
JT	CUC Mortgage	February 2010	Mortgage on personal residence	\$100,001 - \$250,000

SCHEDULE E: POSITIONS

None disclosed.

SCHEDULE F: AGREEMENTS

Date	Parties To	Terms of Agreement
1985	NY State & Local Employees' Retirement System	Pension at retirement

SCHEDULE G: GIFTS

None disclosed.

SCHEDULE H: TRAVEL PAYMENTS AND REIMBURSEMENTS

None disclosed.

SCHEDULE I: PAYMENTS MADE TO CHARITY IN LIEU OF HONORARIA

None disclosed.

EXCLUSIONS OF SPOUSE, DEPENDENT, OR TRUST INFORMATION

IPO: Did you purchase any shares that were allocated as a part of an Initial Public Offering?

☐ Yes ☒ No

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 ☒ No

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?

☐ Yes ☒ No

COMMENTS

CERTIFICATION AND SIGNATURE

☒ I CERTIFY that the statements I have made on the attached Financial Disclosure Report are true, complete, and correct to the best of my knowledge and belief.

Digitally Signed: Mr. Brian Higgins , 04/21/2014