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nd new employees	SOURCE CENTE PM 1:03	Page 1 of R
©FFto 5 or 10HN A. HUGYA Name: Daytime Telephone:	OFFICE OF THE CLERK HOUSE OF REPRESENTATIVES	8
	(Office Use Only)	{
Filer X Candidate for the State: PA Date of House of Representatives District: 12TH Election: Amendment against a spanning of the Employee Employing Office: Employing Office	A \$200 penalty shall be a against any individual w more than 30 days late.	assessed who files
In all sections, please type or print clearly in blue or black ink.		
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? Yes X No II. 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.	date Yes X	S
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 With an outside entity? Wes, complete and attach Schedule V. If yes, complete and attach Schedule V.	Yes	×
III. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period? Yes X No 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.	Yes 🔲	×
Each question in this part must be answered and the appropriate schedule attached for each "Yes" response	Yes" response.	
EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS	ESE QUESTIONS	"
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 a dependent child?	Yes 🔲	×
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.	child Yes	No ×

SCHEDULE I — EARNED INCOME (INCLUDING HONORARIA)

Name JOHN A. HUGYA

Page $\frac{2}{2}$ of $\frac{6}{2}$

employment by the U.S. Go a; list only the source for ot	employment by the U.S. Governmen a; list only the source for other spou	employment by the U.S. Government) totalling \$200 or a; list only the source for other spouse 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. Go more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for ot exceeding \$1,000. See examples below.	m any source (other than the filer's current employment by the U.S. Governmen, list the source and amount of any honoraria; list only the source for other spou	m any source (other than the filer's current employment by the U.S. Government) totallir , list the source and amount of any honoraria; list only the source for other spouse earne
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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.

	Tima	Amount	unt
Source (include date of receipt for nonoraria)	Type	Current Year to Filing	Preceding Year
XYZ Corporation, Houston, TX	Salary	\$6,300	\$28,450
7	Director's Fee	\$400	\$3,200
XYZ Trade Association, Chicago, IL (Rec'd December 2)	Honorarium	0	\$1,000
Harris County, Texas Public Schools	Spouse Salary	NA	NA.
GREATER JOHNSTOWN AREA VO-TECH JOHNSTOWN PA	TEACHING FEES	956,00	2,060.00
CONEMAUGH TWP. JOHNSTOWN PA	SALARY	-0-	570.00
GREATER JOHNSTOWN AREA VO-TECH JOHNSTOWN PA	TEACHING FEES	-0-	2,226.00

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	BRIKAR, INC.	G.A.P. FEDL. CU	NORTHWEST CHECKING BANK	UNEMPLOYMENT	BANYAN RESORT REALTY	1st Bank of Paducah, KY accounts	Examples: Simon & Schuster	SP Mega Corp. Stock	norms and vacation norms (uness intere was remaincome 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. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (CC) 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 because the property of the	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 than the nature of its activities, and its geographic	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.	BLOCK A Asset and/or Income Source
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SCHEDULE II — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name JOHN A. HUGYA

Page 4 of

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SCHEDULE III - LIABILITIES

Name JOHN A. HUGYA Page ____ 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 ling 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. 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 sib-

								Amou	Int of	Amount of Liability	₹			
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٦, ٢	Creditor	mo/year	Type of Liability	\$10,001 \$15,000	\$15,001— \$50,000	\$50,001— \$100,000	\$100,001— \$250,000 \$250,00 1—	\$500,000 \$500,001—	\$1,000,000 \$1,000,00 1	\$5,000,000 \$5,000,001	\$25,000,000 \$25,000,0 0	\$50,000,00	Over \$50,000,000 Spouse/DC	Liability ove \$1,000,000
	Example: First Bank of Wilmington, DE	May 1998	Mortgage on 123 Main Street, Dover, DE				Ľ			L	<u> </u>			
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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 offiany nonprofit organization, any labor organization, or any educational or other institution other than the United States cer, director, trustee, partner, proprietor, representative, employee, or consultant of any corporation, company, firm, partnership, or other business enterprise,

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 positions solely of an honorary nature.

and positions solely or an individually mature.	iawic.
Position	Name of Organization
TRUSTEE	F.O.P. CHAPTER 98
ASST. DIRECTOR	JOHNSTOWN REGIONAL POLICE ACADEMY
SECRETARY	BRIKAR OF PA, INC.

SCHEDULE V — AGREEMENTS

Name JOHN A. HUGYA

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Date

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, Hornetown, Homestate	Accounting services
N/A	